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Lectures.

LECTURES

ON

DISEASES OF THE SKIN.

By M. HARDY, one of the Physicians to the Hôpital St. Louis,
Paris, (special hospital for diseases of the skin.)

No. 3.

By R. BOLLING, M. D., of Philadelphia.

DARTRES—(continued)—*Treatment.*—We do not intend here to enter into any therapeutic details, these will be given after each individual disease. We wish to limit ourselves to some general remarks only as to the treatment, and thus complete the description of dartrous affections. In the commencement or outset of the disease, when the local inflammatory phenomena predominate—no matter what be the form of eruption it is to antiphlogistic remedies local and general that we would have recourse to; this is a preparatory treatment—the energy and duration of which ought to be proportioned to the intensity of the inflammatory symptoms.

The specific treatment should be begun when the antiphlogistic treatment alone has not sufficed to remove every trace of eruption. The antiphlogistic treatment is composed of cool and refreshing drinks, emollient baths, poultices, purgatives, etc. As to the specific treatment, it comprises two orders of therapeutic means: local means, pomades or lotions, medicines which act ordinarily as alteratives—of which the rôle is a secondary one, and the precise indication for which it is often difficult to arrive at; and general means which are very important and constitute the true therapeutics of dartrous affections—we

have first the purgatives, sulphur, arsenic, tr. cantharides, iodine, etc.

Several medicines employed habitually with success in these affections are very different one from another, and nevertheless they can be considered relatively to their therapeutic effect, as belonging to a class of medicines not very numerous. If we study further the mode of action of these medicines, we will find that they belong either to the class of derivatives, alteratives or tonics. In the first rank of derivatives we place purgatives—the employment of which is as useful as common in the treatment of dartrous affections—especially those which are accompanied with a sero-plastic or sero-purulent secretion. They are not so useful by far in those diseases unaccompanied by secretion. Diuretics, though but little used, are very serviceable in the secreting forms of disease, with inflammatory phenomena. Diaphoretics of every kind, sulphur, arsenical preparations, tr. cantharides, are also much employed, and M. Hardy highly recommends the balsam of copaiva in rebellious cases that have resisted all other treatment. Without going into the details of the administration of these medicines, we will take occasion to assert that we attribute their happy effects to their specific action on the skin.

It is not necessary for me to signalize this in diaphoretics—nor even in the case of sulphur or copaiva—which you know are specially indicated in chronic diseases of the skin on account of the erythema that their administration produces. Tr. cantharides has a specific action also; administered internally it produces heat and redness. Arsenic, the specific effect of which is also evident, not only from its therapeutic effect is this proved, but also by the grayish spots which are not rare

with those who have been taking arsenic for a long time—and some have even thought that those spots were due to a deposit, or the presence of arsenic in the true tissue of the skin. We consider these medicines then as modifiers of the skin, and we explain their effects by their alterative action. Other medicines, such as bitter tonics, cod liver oil, preparations of iodine, are still employed, and succeed sometimes with certain dartrous subjects—but we explain their utility by the effect they have on the constitution and the whole economy—they are called for in cases where the dartrous affection exists in a person of lymphatic temperament, or in a person whose constitution is broken down by disease, as they owe their effect to their tonic action.

In mentioning the modifiers of the constitution, we insist on the importance of alluding to hygiene and dietetics. The patient should avoid all fatigue, be very particular in diet, abstaining from all seasonings, all spiced ragouts, from game, pork, sea fish, and especially shell fish; coffee, wine, liquor—tea even should be avoided. This careful hygiene holds an important place in the treatment of dartrous affections, not only for the cure at the time, but in the prevention of returns. It aids the action of the medicines, and often, by itself, will bring about a cure in old and rebellious affections. It is not strange that a severe and strict regime—by which all cause of excitation is removed—should produce in the solids and liquids of the economy a modification, more powerful even than those medicines called alterants. It is to this power of hygienic treatment that we most attribute the success of several therapeutic methods, and among them that one in which the medicines are given in impossible fractional doses. Too much stress cannot be laid upon an attention to hygiene and dietetics.

In the general treatment of dartrous affections we must not fail to mention the mineral waters, and particularly the sulphur waters, the saline and alkaline. They cure either by modifying the constitution, or by changing the disease from a chronic to an acute one, or else act as alteratives—others as derivatives acting

on the bowels, or the cutaneous and urinary secretions. Without entering further into the theory, we assert that the mineral waters properly employed, form a precious therapeutic resource, and often cures rebellious affections which have resisted all other means.

Having examined the different means that we have to combat dartrous affections, we should in terminating these generalities, ask this question—whether the therapeutic agents that we have mentioned attack the dartrous diathesis, or have for effect only to combat and cure the local manifestation on the skin? We believe that most often the external effects only of the general disease are attacked by the therapeutic means, and that the diathesis exists. The persistence with which certain dartrous eruptions return give much weight and plausibility to our opinion. The dartrous manifestation disappears only momentarily, to reappear almost certain after the lapse of a week or month, and sometimes after the lapse of years. In this the dartrous diathesis resembles the syphilitic—for in this, too, the local accidents may be successfully treated—but if the virus has been introduced and the diathesis once established, it will, from time to time manifest itself by variable affections. It is very much the same with the dartrous diathesis—the local manifestation, though disappearing for a while, will be sure to reappear, and unlike syphilis not under variable but under the same form.

All the above mentioned precautions, as to hygiene and dietetics, together with an appropriate treatment should be long continued after the eruption has disappeared. We may by thus persevering, ward off a recurrence of the disease.

—o—

The *Lancet* says: M. Labourdette has instituted a series of new experiments, which would prove that with due precautions, cows might be made to take various substances, such as soda, iodine, etc., with which the milk would become charged.

The mammary secretion of these animals might be thus used either with children or persons with irritable stomachs.

Original Communications.

ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

By D. HAYES AGNEW, M. D.,

Lecturer on Anatomy; Surgeon to Philadelphia Hospital, etc.

No. 5.

Cranial Region Continued.—Thus far the remarks made in previous papers apply to any part of the scalp, but on the *lateral region* there are such additions as demand a more special description. The skeleton of this region is formed by the temporal, parietal, sphenoid, frontal, and malar bones, and is circumscribed above by the temporal ridge. It is divided into three sub-regions—the *temporal*, *auricular*, and *mastoid*.

Temporal Region.—This region is bounded above by the temporal ridge, in front by the malar and external angular process of the frontal bone, behind by the cartilage of the ear, and below by the zygomatic arch, which last forms the boundary line between it and the face. It is here where the first gray hairs usually appear, from which circumstance the name temporal has been applied to this particular portion of the head. An inspection of its skeleton shows it to be a curved plane convex externally, and becoming more superficial as it ascends toward the temporal ridge. When the skin is removed the temporal artery vein and nerves are seen entering it over the zygoma, in a depression of some depth, just in front of the auricular cartilage, lying in the superficial fascia, which at this point is very loose and abundant. The artery has the temporal vein interposed between itself and the cartilage, and is situated between three and four lines in front of the latter. Two trunks are given off immediately after it passes the zygoma, the *orbital*, and *middle temporal*, presently to be noticed. About one inch and three-quarters above the zygoma the artery separates

into its anterior and posterior trunks. Very many of the nerves incline forward, to be distributed to the orbicular and frontal muscles.

Practical Remarks.—The superficial position of the upper part of the temporal artery leaves it liable to accidents. The necessity for the ligature in cases of wounds will be the more evident when it is considered that the main trunk is so protected by the auricular cartilage behind and the projection of the anterior root of the zygomatic arch in front, that an amount of pressure sufficient to command the circulation through the vessel would very soon endanger the vitality of the soft parts.

Arteriotomy.—From its superficial situation, and also its anastomotic connexion with vessels of the orbit, (to be hereafter mentioned,) arteriotomy has been practiced upon the temporal. At present it is rarely performed, but when it is considered necessary there are reasons for avoiding the main vessel near the zygomatic arch, and selecting in preference the anterior or posterior branch. The objections against opening the main trunk are the pressure required to stop the flow, as already stated; the liability to wound the nerves, which lie so close to the artery at this place, or veins, producing extravasation of blood into the loose cellular tissue. The temporal artery is sometimes the seat of aneurism, favored, so far as local circumstances are concerned, in producing such dilatations by the little support which the tissues furnish to the vessel, and as branches both of the 5th and 7th pairs of nerves are closely related to it, the altered sensibility and movement accompanying such affections are thus explained.

Temporal Aponeurosis.—When the superficial fascia and the fascial extension of the occipito-frontal aponeurosis are removed, a beautiful dense fibrous membrane is exposed, the *temporal aponeurosis*. It is a fan-shaped structure, attached above from the external angular process of the frontal bone along the whole length of the temporal ridge. At its lower third it separates into two laminae, which are connected to the anterior and posterior edges of the zygomatic arch. Between these two there are situated the middle temporal artery,

which, originating from the main vessel just above the zygoma, pierces the anterior leaf, the middle temporal vein, and a quantity of fat.

If this aponeurosis be separated from its superior attachment, its deep surface will be seen to give origin to the superficial fibres of the temporal muscle, which it covers in, except at the lower part, where, in consequence of the increasing depth of the temporal fossa, the muscle leaves the fascia, and the considerable space intermediate is filled up by a quantity of fat. This adipose mass, if traced down, will be found to be continuous, with a similar cushion between the buccinator and masseter muscles of the cheek. Lymphatics are abundantly distributed both here and between the lamellæ of the aponeurosis.

Practical Remarks.—The temple in the young is full and prominent. Age tends to remove this feature, and make it hollow. Its prominence in early life is to be ascribed to the amount of fat in the two situations already noted. It is the removal of this in long attacks of disease which gives the sunken appearance to this part of the head. So numerous are the nerves over this part that it is impossible to avoid their division. When incisions are carried to any considerable depth, wounds of the aponeurosis are often followed by great and severe constitutional symptoms.

Abscesses may exist between the laminae attached to the zygoma or beneath. In the former the products of such could not pass below that arch, but would be confined to this pocket. The tension will be great, and the pain acute. If the abscess occurs beneath the aponeurosis, and be not evacuated early, it will travel down under the zygoma, and project below that arch in front of the masseter muscle, or it may pass backward and downward, behind the ramus of the jaw, under the parotid, assimilating an abscess of that gland.

So great is the strength, and of course the resistance offered by the aponeurosis, that no marked swelling need be expected externally from such accumulations. Neither will fluctuation be distinct, and therefore it would be

improper for the surgeon to wait for such evidences before proceeding to puncture.

A wound penetrating the supra-zygomatic pocket may give rise to a blood tumor from injury to the middle temporal vein or artery; if the latter, the necessity for ligating the temporal artery will be evident as from the unyielding nature of the aponeurosis, the size of the vessel, and its proximity to the parent trunk, little good can be promised from pressure.

Temporal Muscle.—This muscle is fan shaped, fills up the temporal fossa, and is covered in by the temporal aponeurosis already described; its fibres converge as they descend, and are implanted by a strong tendon into the inner and anterior portions of the coronoid process of the inferior maxillary bone, its insertion being concealed by the zygomatic arch. It is of a deep red color, and well supplied with blood vessels from the middle temporal, and the two deep temporals; the last two derived from the internal maxillary, one of which, the anterior, runs between the bone and the muscle.

Nerves.—Both its nerves of sensation and motion are derived from the 5th pair.

Practical Remarks.—The irritability of this muscle is very great, sympathizing often so strongly with the general system as to refuse obedience to the will. When the body has been long exposed to a low temperature, or during the congestive stage of an intermittent this peculiarity is manifested by the chattering of the teeth. In tetanus, this muscle in common with the other muscles of mastication, is in a state of rigid contraction. The removal of a tooth has frequently produced lock-jaw, not singular when we remember that the same pair of nerves (5th) which supply the teeth, supply also the temporal muscles. A simple toothache will often produce stiffness of the jaws for the same reason. Inflammation or purulent collections in it in consequence of this great impressibility are really dangerous: being bound down by the strong fibrous membrane, the pain and tension will be extreme, rendering any attempt at moving the jaws impossible. The deposit of lymph among its fibres may produce a false anchylosis of the tempore-

maxillary articulation. If an abscess forms in the deep part of the muscle between it and the fossa on which it rests, the pus will be likely to pass down between the ramus of the inferior maxillary and the internal pterygoid muscle pointing within the mouth. The posterior fibres of the temporal muscle are so situated as to counteract displacement of the jaw. When the bone is luxated it drags it up toward the temporal fossa, and hence the necessity of depressing the jaw to bring it down to a level with the articulating cavity before elevating the chin.

The presence of this muscle will explain those cases of depressed fractures over the temporal region, attended by symptoms of compression, and where, after a time, both the depression and its symptoms suddenly disappear. The muscle is attached to the bones of the temporal fossa, the force which produced the fracture, paralyzed its fibres, but after a time the effects of the violence passing away, the muscle regains its power of contractibility by which the depressed fragment is elevated. Tumors originating elsewhere may develop in such directions as to reach the temporal region, thus a growth in the antrum maxillare may destroy the posterior wall of this chamber, so as to extend through the zygomatic into the temporal fossa. The route of such extensions, however, will be better understood at a more advanced stage of our demonstrations.

As the middle and deep temporal arteries communicate very freely with branches of the ophthalmic which escape from the orbit through the foramina in the malar bone, the abstraction of blood from or the use of counter-irritants over the temple may prove very salutary in inflammations of the eye, or other parts within the orbit. The periosteum over the squamous part of the temporal region adheres with much less tenacity than elsewhere. The mass of muscular and the resistance of the aponeurotic layers add greatly to the protection of this part of the cranium, and when fractures do occur, they are more commonly the effect of indirect than the direct application of violence.

Auricular Region.—This region is placed between the articulation of the lower jaw, and the mastoid process of the temporal bone, and is bounded above by the posterior root of the zygoma. Its description at length involves the examination of a very complicated association of parts, occupying both the lateral and basial regions of the skull. It consists of three parts the *external*, *middle* and *internal* ear.

External Ear.—This consists of a bony canal in the petrous part of the temporal bone, with a large trumpet-shaped expansion, commonly called the ear, attached to its external orifice. If the skull be taken up and examined, the entrance to the auditory canal, (*meatus auditorius externus*) will be seen to be sunken within the plane of the mastoid prominence of the temporal bone, with the posterior root of the zygoma projecting some distance over. The rim of bone surrounding the entrance (*auditory process*) rests anteriorly against the middle zygomatic root, the intermediate space marking the union of the two being continued into the glenoid or Glasserian fissure immediately in front of which is placed the articulating cavity for the inferior maxillary bone, and behind which, a fossa for a prolongation of the parotid gland. If we next look into the canal it will be seen to be formed somewhat like an hour glass contracted in the centre, and expanded at either end. With a good light should the reader look into the ear of a living person, his view would only extend to this central constriction; as there is placed across it a diaphragm, called the *membrani tympani*, or drum of the ear.

Auricle.—This consists of an expanded funnel shaped organ marked by several irregularities, especially upon its external face, and attached by ligaments to the zygoma, mastoid part of the temporal bone and the auditory process or the rim of bone which surrounds the meatus. The external expanded part is the *pinna*, the outer rim of which is named the *helix*. Within and somewhat parallel to it is another ridge, commencing above by two branches, the *antihelix*. The deeper, more cylindrical part is the *concha*, and projecting over this, as a valve from before backwards, the

tragus, within which are numerous hairs. The most dependent part of the ear is the *lobulus*. The skeleton of the auricle consists of a thin plate of cartilage, covered by a stout perichondrium, with deficiencies existing in it at several places, which are occupied by fibrous tissue. It

Fig. 13.

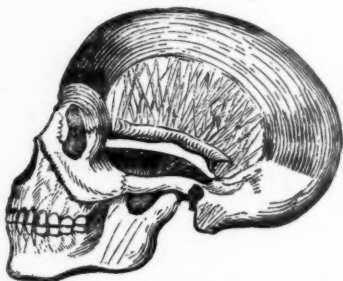


Fig. 13. Exhibits the occipito-frontalis muscle, with its intermediate aponeurosis; a few fibres in front, of the orbicularis palpebrarum; on the side the temporal fascia, at the lower part of which the two laminae are seen divided at different heights, and the temporal muscle exposed where it passes beneath the zygomatic arch to be attached to the ceratoid process of the lower jaw.

is covered by a most delicate transparent skin, much more firmly connected with the cartilage, on its concave than convex surface, and destitute in a great measure of fat. The lobulus has no cartilaginous material in its structure, but consists of cellular tissue and fat attached to the lower border of the cartilage by fibrous and cutaneous bands. Though the cartilage stops at the auditory aperture of the temporal bone, the skin greatly attenuated is continued on to the bottom of the canal in the petrous portion of that bone until it reaches the membrana tympani, over which it extends forming its external layer, and firmly connected in its whole length to the periosteum of the canal.

Glands.—There are three kinds of glands in the subcutaneous structure of the ear. The *sebaceous* in the concha, the *sudoriparous*, both within and without, and the *ceruminous* within only. The form of a ceruminous is similar to that of a sudoriparous gland, being tubular and coiled upon itself.

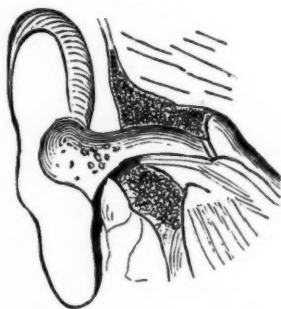
The external auditory canal is osteo-cartilaginous, the latter making nearly one half of the entire depth which to the

membrane of the tympanum will average $10\frac{1}{2}$ lines along its lower wall, which is longest. The membrane of the tympanum being placed obliquely, the direction of this canal in the main is inwards and forwards, but on a closer inspection will be found to be first upwards and forwards, then backwards, and last downwards and forwards, its vertical diameter exceeding the transverse.

Blood Vessels.—These are the *posterior auricular* from the carotid, *anterior auricular* from the temporal, and the *tympanic* from the internal maxillary.

Nerves.—These are derived from three sources, the *auricularis major* from the superficial cervical plexus, the *auriculo-temporal* from the 5th pair, and the *auricular* from the facial. The muscles of the external ear are both extrinsic and intrinsic, but as they are quite rudimentary in man they offer no points sufficiently important to our subject to require a description. The extrinsic ones enable some animals to move the pinna in the direction of sounds; in man this is accomplished by turning the head.

Fig. 14.



A section of the temporal bone exhibiting the pinna and concha, leading down to the auditory canal, the last terminating at the membrana of the tympanum, on the opposite side of which is the eustachian tube. In the tubular part of the cartilage are some orifices of ceruminous glands.

Practical Observations.—The external ear may be considered as peculiar to *mammalia*. Something analogous to it is seen in the whorl of feathers on the side of the head of the bustard, or in the broad flap attached to the conch of the owl. The same may be said of the external auditory canal, for the trifling depression which exists between the surface and

the drum of the ear in birds, can scarcely be called such. The *membrana tympani*, or drum first appears in *reptiles*, and is almost on a level with the skin. The great physiological use of the auricular cartilage and canal is to collect sonorous undulations, convey and focus them upon the drum. They are most firmly connected to the temporal bones, as many an urchin will recollect to his sorrow, who may have been so unfortunate as to excite the irascibility of those pedagogues of the old school, a little of whose uncompromising discipline and thorough instruction, (without the ear pulling and the ear cuffing,) infused into our modern system of youthful education, would exert a wholesome influence upon the insubordinate and supercilious element so dominant.

Certain animals, as for instance the horse, are greatly subdued and intimidated by seizing a firm hold of these organs. The irregularities upon the concave surface of the pinna are all conducive to the collection and intensification of sounds. In the lower animals, possessing a full development of the intrinsic muscles of the cartilage, such results are doubtless very considerable. Artificial auricles greatly amplified are sometimes worn, with a view to aid the hearing, and a very great increase in effect is attained, by the addition of ridges and depressions, similar to those of the natural organ. The hairs at the entrance of the auditory meatus, are well calculated to arrest the entrance of dust or insects, as do all the sinuosities of the cartilage. The firm connexion of the skin on the concave surface makes inflammations and swellings, whether of the skin or a perichondritis, much more severe than on the opposite, though situated at any part of the cartilage, they are exceedingly painful from the numerous sensitive nerves supplied from the sources already pointed out. Its inflammations are prone to be erysipelatous.

The openings or deficiencies in the cartilage admit purulent formations from other regions to pass into the auditory canal and be discharged from the meatus, as in cases of abscess of the parotid gland, or over the mastoid region. The lobulus being made up of fat, and only appended to the cartilage is sometimes

the seat of adipose tumors; occasionally one of a malignant character is developed in the same part. It is into this pendulous part that rings for the attachment of ornaments are inserted, a practice exceedingly old. The boring of the ears among the Athenians was always a mark of nobility, while among the Hebrews it implied servitude. By many, the wearing of a delicate cord through them is supposed to be productive of great benefit in cases of inflamed eyes or chronic headaches; the slight suppuration which sometimes follows, may produce some benefit by way of counter-irritation, but it is very inconsiderable, and in the majority of cases perhaps the barbaric fondness for trinkets and display is the *real* sore eyes and headaches. The practice, however harmless as a general thing, is sometimes followed by a very obstinate inflammation and ulceration.

The skin, or rather the muco-cutaneous membrane, for it partakes of the nature of both mucous membrane and skin, which is continued into the external auditory canal, is highly vascular and sensitive. Its natural color is a dull white. When inflammation takes place, the color becomes much more red and constitutes external otitis; this fact may help us in making up a diagnosis in cases of children unable to locate their pain. Ear ache is generally due to an inflammatory state of this membrane, though it may be neuralgic. The pain is of a very distressing character, from the close connection of the skin with the periosteum and perichondrium of the canal and the abundant supply of nerves. If the affection is inflammatory, it tends rapidly to run on to suppuration, if not promptly arrested. The diminution in the calibre of the canal, in such cases, and also the change in the vital and physical constitution of the textures involved, diminish very much the sense of hearing. This change sometimes becomes permanent, and proves unfavorable to the conduction of sound; hence an acoustic appliance, such as a simple tube to supply the lost property, will remedy the defect often very perfectly. This canal, as well as other parts of the auditory apparatus, is liable to inflammation as a

sequel to certain diseases such as measles or scarlet fever, and often begins as a periostitis, thus endangering the bony walls of the passage. Hemorrhages take place from the canal occasionally of some amount, the blood vessels being but slightly supported by the delicate skin. The relation of the temporo-maxillary articulation to the meatus explains the discharges of blood which not unfrequently follow a blow upon the chin.

The glandular apparatus of the ear extends no further than the cartilaginous tube, no organs of the kind being within the osseous part of the canal. Encysted tumors may arise at different portions of the cartilage from the excretory duct of a sebaceous follicle becoming blocked up; polypi project from the meatus which shall be noticed when the structure of the membrani tympani is examined.

A New Instrument for Vesico-Vaginal Fistula,

By HUNTER H. MCGUIRE, M. D.,

of Philadelphia.

The accompanying wood cut is an enlarged and rough representation of an instrument which I have devised and successfully applied in a case of Vesico-Vaginal Fistula, belonging to the second division of Velpeau's classification, or that "established at the expense of the Trigonus vesicalis."

The patient, a very delicate widow lady, aged about 35, presented on examination a fistula, caused by parturition, in the region I have just mentioned, large enough to admit with ease the index finger. The shape of the opening was oval, the transverse diameter, the longer, the anterior lip, thin and bevelled off, and the vaginal wall, between it and the vulva perfectly immovable.

After some preparatory treatment, the "Button Suture" of Dr. Bozeman, was carefully applied, and though at the time I did not believe this very ingenious instrument answered in this case, all the indications, still I was induced to try it, for the want of a better, and at the earnest solicitation of the patient. I say, that I did not think all the

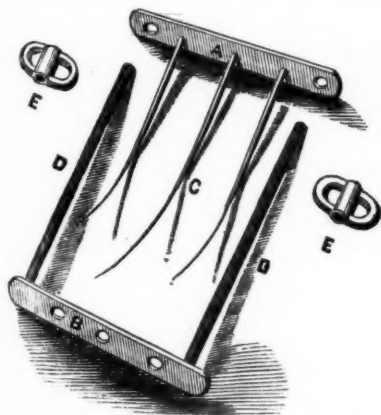
indications were met in this case by that admirable instrument, for the invention of which the author has received the merited praise of the whole profession. For, however well and accurately it may be applied, it will simply approximate the edges of the fistule, and in this case the anterior lip was so thin, that when pared, the raw surfaces presented, were so narrow as to give rise to but little hope of union. And again, it is always difficult to determine when the lips are in apposition.—For the material used is generally lead, and applied before the lips are permanently brought together, of course prevents the surgeon from seeing the wound long before the operation is completed. I believe no transparent substance has yet been suggested, which has all the requirements, for a "button," and very few would choose to subject the patient to the disagreeable consequences of introducing the little finger through the urethra into the bladder, for the purpose of examining the condition of the lips, as suggested by Mr. Brown, or of determining the relation of the parts, through the unsatisfactory medium of an instrument.

Ten days after the operation the button and ligatures were removed, and the fistula found to be nearly as large as ever. After a few days had elapsed I used the Clamp Suture of Dr. Sims, making the bars thick, in order if possible to produce some eversion of the lips, and thus bring into contact a larger healing surface. In this operation I failed to effect any good. For though they appeared at first to answer every purpose, on the third day I was informed by the patient that she was "leaking," and upon examining I found one end of the posterior clamp raised far above the level of the other, drawing with it, of course, the corresponding extremity of the posterior lip of the fissure. In fact the clamps had lost their parallelism.

Perhaps the failure to effect a union in both of these operations should rather be attributed to want of skill than to any fault of the instruments, still I believed, that if I did, in the last operation, force and hold the bars

so closely and firmly together as to prevent any possible want of parallelism, I might by the pressure bring about strangulation of the parts in this case, where the vaginal wall, anterior to the fissure, was fixed and immovable.

After the parts had entirely recovered from the effects of the previous operation, I applied the instrument, a representation of which accompanies this communication. It consists of a plate of silver (A), having a hole near each extremity, and three needles soldered to its front surface, these are slightly curved, composed of silver, as far as the letter (C), and from this to their free extremities, steel.



A second silver plate (B) of the same size and shape as the first, having fastened to each end a thread screw, and three holes corresponding in position to the points of attachment of the needles on (A). Lastly two female screws (E).

The fissure being brought into view, and the edges pared, the plate (A) was grasped with a long pair of curved forceps, and the needles passed through the posterior lip, and brought out through the anterior one. The thread screws were pushed through the holes in the plate (A), the needles through those in the plate (B), and by means of the female screws, the clamps approximated until the lips of the fistula were in perfect apposition. That portion of the needles projecting beyond the plate (B), was cut off, and the operation completed. On the eighth day the parts were ex-

amined, and the edges found to be well united. On the tenth day she was seized with erysipelas, contracted from a patient in an adjoining room, and on the 13th died. A post-mortem confirmed the examination of the 8th. I mention this, believing that it does not affect the efficacy of the instrument.

It has also been used in a case where the fistule was "situated in the bas fond of the bladder." It was removed on the 10th day and perfect union was found to be the result.

Dr. D. Hayes Agnew has suggested a modification, which, I think, ought to be adopted, namely: that instead of a male and female screw, a plain silver bar and a common perforated shot be substituted; he also thinks, the surfaces of the clamps, which look towards the fissure should be convex.

I think the instrument applicable to those fistules only—"established at the expense of the bas fond of the bladder," those "situated in the Trigonum Vesicalis," and those which "cause a communication between the urethra and vagina."

The number and length of the needles and the size and shape of the bars can be changed according to the character of the fistule. The advantages which I believe it possesses, are, 1st, its simplicity, and the ease and rapidity with which it may be applied; 2d, when plain, the clamp will produce eversion of the lips of the fissure, which is sometimes very desirable, the degree of eversion corresponding to the depth of the plates; 3d, the surgeon has a full view of the parts, during and after the operation; 4th, the clamps cannot lose their parallelism.

Cirrhosis of the Liver—Obliteration of the Left Lung—Displacement of the Heart.

By THEODORE A. DEMMÉ, M. D.,
Of Philadelphia.

About the middle of February of this year, I was requested to attend Mr. M., a gentleman of about 45 years of age, who had for a long time been laboring under dropsy.

Upon visiting the patient I found the abdomen enormously distended, and the lower

limbs much swollen. The countenance was slightly jaundiced, the respiration very laborious, so much so, that excepting cases of Asthma and advanced Phthisis, I cannot recall an instance of more distressed dyspnoea. Whenever the recumbent position was assumed, the difficulty of breathing was greatly increased. The pulse was regular, but weak; appetite had failed; the bowels were not inclined to costiveness; the kidneys were almost inactive; at no time during the progress of the disease did the patient suffer pain.

It was at once apparent to me that the primary cause of the dropsy was to be traced neither to disease of the heart nor of the kidneys. The peculiar physiognomy indicative of lesions of these organs was absent, whilst the jaundiced countenance and the abdominal dropsy indicated at least a participation of some derangement of the liver in the main disease.

Percussion over the abdomen gave a uniformly dull sound, (*not tympanitic around the umbilicus, even when the patient was lying upon his back.*) Immediately below the last rib upon the right side there was a clear, resonant sound elicited; above this, proceeding upwards in a vertical line towards the nipple, there was a tract of dullness, about *an inch* in width, extending from the lower ribs, upon the extreme right, obliquely upwards to the commencement of the ensiform cartilage; above this zone of dullness, the slightest blow upon the chest gave rise to a clear lung sound, which had almost the tympanitic fullness of an emphysematous lung. In the region of the stomach there was a tympanitic sound, which same sound could *also be elicited from the left chest, as far up as the nipple*, above which the sound became flat.

Ausculation upon the right side of the chest detected full, vigorous vesicular murmur, extending from the supra clavicular fossa to the region of dullness on percussion. Upon the left side no sound reached the ear, except near the apex of the lung, where bronchial respiration, bronchophony, and even protoriloquy, with at times a distinct gurgling, existed.

The sounds of the heart could be detected

above the nipple, very feeble, but distinct. The two sounds existed without any appreciable murmur.

My diagnosis and prognosis were soon formed. I had anticipated disease of the liver. I found that this organ offered a diminished area of dullness, and taking this in connection with the ascites and the jaundice, and the absence of other symptoms, the diagnosis was easily made—*cirrhosis of the liver*.

The peculiar sounds which I heard in the left pleural cavity, I partly accounted for upon the supposition that there existed great effusion into this cavity, and that in consequence its contained viscera, were pushed out of their normal positions. The tympanic loudness at the lower portion of the left chest, could be easily explained by supposing that the abdominal viscera had been forced upwards into the chest. The dyspnoea would be the natural result of the foregoing condition.

I attended Mr. M. for about three months, with the pleasing result of removing, to a very great extent, the dropsy and the difficulty of breathing, and of improving his general strength.

One day I was called to Mr. M., who had a chill, which, however, passed away without being followed by fever. This single chill, made me anticipate an approaching change. About seven or nine days after the chill, I saw Mr. M., in the afternoon, complaining of complete loss of appetite. That night he fell into a deep sleep, and about midnight, the family were startled by some peculiarity in his breathing, and upon examining him they found that a sudden stroke of paralysis had occurred. A few hours afterwards (9 o'clock in the morning) he died.

Autopsy.—Assisted by Dr. G. B. Lummis, I made a post mortem examination of the abdomen and of the chest.

The walls of the left chest were contracted, and forced in, thus presenting the appearance so frequently met with after the absorption of pleuritic effusion.

After drawing off the dropsical collection in the abdomen, by means of a trochar and canula—removing about two gallons of a clear liquid

having a yellowish tinge; the thorax and abdomen were opened by the usual incisions. Unfortunately for the very careful dissection of the lungs and heart, the costal cartilages were almost completely ossified, thus necessitating the removal of the sternum only, instead of this bone, together with the cartilages.

The following was the condition of the various organs:

The Liver presented a shining white appearance, which was due to its encasement in a dense, pearly white cartilage-like membrane, of more than an eighth of an inch in thickness. This membrane was bound by very firm adhesions to the diaphragm, thus compelling the liver to follow this muscle in its movements. Upon the lower and anterior edge of the liver, adhesions had been contracted with the transverse colon.

In regard to the exact nature of this investing tunic, I am not prepared to hazard an assertion, but it *appeared* to me to consist of a fibro-cartilaginous degeneration of the hepatic peritoneal covering.

Upon removing this covering from the liver, which could be done with very great ease, the capsule proper was visible, *perfectly* smooth, not hob-nailed.

The liver itself was much contracted, not being more than about $\frac{2}{3}$ of the average size; it weighed $3\frac{1}{2}$ pounds. Upon cutting into the organ, the tissue was firm and resisting.

The entire substance of the viscus was studded with innumerable corpuscles of the average size of a pin's head, and of a yellowish color.

Here was a case of cirrhosis of the liver, and yet the surface of the organ was not tuberculated, not hob-nailed. Whether or not the dense exterior envelope to which we have referred, or the minuteness of the cirrhotic acini, had aught to do with the smoothness of the surface of the diseased gland, I am not prepared to say; but if they had not, then we must admit the existence of cirrhosis of the liver, either with or without the irregular, hob-nailed surface.

The Spleen was enlarged and congested, and

the peritoneal covering also thickened and altered similarly to that of the liver.

The Kidneys were healthy.

The Right Lung had not a trace of disease.

The Left Lung and the Heart.—I have mentioned that the opening into the chest was necessarily very narrow, and consequently the relations of the parts to one another could only be learned through the sense of touch. Upon introducing the hand into the anterior mediastinum, no heart could be felt; on sweeping the hand through the left pleural cavity, no lung could be felt; the left chest seemed vacant and void; the hand could be carried from the top to the bottom without meeting any resistance. After a careful search, however, a hard body could be felt, deep in the groove, along the side of the vertebral column, which, after great difficulty, was torn from its attachments, and proved to be the heart. Immediately above the heart, at the very apex of the chest, was a dense body, also firmly bound down by adhesions which, upon being brought out of its recess, proved to be the left lung. The heart was enveloped in a dense membrane, the probable remains of the thickened and agglutinated walls of the pericardium, roughened by adhesions. The muscle itself was healthy; the mitral, tricuspid and semi-lunar valves presenting their normal appearance. The left lung was about $3\frac{1}{2}$ inches long and 2 in width and depth; it was firm and hard to the touch, and covered with thick, false membrane; the bronchial tubes were enlarged, and the air vesicles were obliterated; the pulmonary tissue may truly have been said to be carnified. This condition of the lung appears to me to answer to the description of a peculiar condition of the lung, to which Dr. Corrigan has given the name of cirrhosis of the lung.

In the magnificent pathological cabinet of Dr. Wood, I have seen a specimen of an almost obliterated lung, consequent upon long continued pressure from pleuritic effusion.

The interesting question connected with this displacement of the heart and atrophy of the lung is, by what agency were these alterations

brought about, and by what mechanism was the heart dragged from its normal position? In Stokes' great work on diseases of the heart and of the aorta, the author, after referring to a remarkable case of displacement of the heart to the right side, gives the following lucid explanation: "I now entertain scarcely a doubt that a pleuritic inflammation of the right side occurred, and that by the rapid absorption of the fluid then effused—the lung being unable, from *various causes*, to recover its original bulk—the heart passed over, and became fixed in the right side of the chest."

In the present instance, I believe that this condition was not due to a dropsical effusion into the chest in consequence of the cirrhosis of the liver, but that it arose from an attack of pleurisy some years previously, which fact I infer from the great strength of the adhesions, and from having been informed that about four years ago the patient was seized with great shortness of breath. The inflammation which existed, no doubt caused adhesions to form between the pericardium and the anterior mediastinum and the pulmonary pleura. Effusions then occurring, the lung, with the heart attached, was forced backwards and upwards, the pericardial adhesions, with the sternum and diaphragm, being stretched and torn, as was also the case with the ligamentum latum pulmonis, whilst in this new position coagulable lymph was exuded, and bound down the heart and lung.

The interpretation of the various sounds which percussion and auscultation gave, can now be easily accounted for.

It is almost incredible, that notwithstanding the great extent of disease, and the undoubted proofs of inflammation, both pleuritic and peritoneal, that pain was never complained of.

Mr. Erichsen has recently been performing Wutzer's operation for hernia, as a *palliative* measure in cases where the protrusion, on account of the size of the ring, could not be retained by a truss. The operations are reported as successful.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

[Reported by T. A. DEMME, M. D.]

Service of Dr. Levick.

MAY 7, 1859.

Dropsy.—A brick maker, aged 49, married, admitted May 3, 1859, has been sick three months. The swelling began in his feet, after an attack of erysipelas; soon after this his abdomen began to swell, and has continued to do so ever since. He has been much exposed to the cold and damp in his business, but is strictly temperate in his habits.

Present condition.—His complexion is very nearly of the natural hue, no edema of the upper part of the body. The abdomen is very much distended, measuring, when the patient is in the recumbent position, 42 inches in circumference. In this position there is flatness on percussion from the pubis up to within half an inch of the umbilicus, the surface is swollen and slightly pitting on pressure. Above and in the middle part of the abdomen there is tympanitic resonance, while at the sides there is flatness on percussion. A sense of fluctuation is imparted to the hand, when the opposite side is thus gently but smartly struck. The scrotum and penis are somewhat swollen, but not to any great extent.—We have then a case of dropsy before us, and as dropsy is but the result of some preexisting cause, not strictly speaking, the disease itself, we must endeavor to find what that cause is in this instance. Dropsy may be produced by other causes, but the three organs, a disorder of which is the most frequent cause of it, are *the heart, the kidneys, and the liver*. We will investigate the condition of each of these; and first, of the heart. The countenance of the patient is not that of one with cardiac disease; he has no dyspnoea, there is no preternatural dullness on percussion, and as I auscult, I find the sounds of the heart are natural or nearly so. There is a slight, soft murmur, but it is certainly not organic, and is probably due to the anemic condition of the patient. There is no aortic disease, and the patient's pulse, though rather feeble, is a natural one; we may therefore exclude the heart from further consideration in the case. Next, as to the kidneys, the patient now passes his urine freely, as much as three pints daily. You will observe the smoky appearance of the urine, the specific gravity of which we now ascertain to be about 10.10, which is considerably below the normal standard, which is from 10.15 to 10.25. A low specific gravity of course indicates that the important function of the kidney, the excretion of urea, is imperfectly accomplished, but in drawing inferences on this point, you must not fail to take into consideration the quantity of

urine voided. If this be small, and the specific gravity be low, it is much more significant than if there be a large quantity of liquid. Testing the urine, as we will now do, we find by heat and nitric acid but a very minute quantity of albumen to be present. Under the microscope, we find a number of blood corpuscles with crenated edges, but no tubular casts and no oil globules, either or both of which we should probably have, were the patient suffering from Bright's disease of the kidney, a very frequent cause of dropsy. With the exception of some congestion of the kidney, which is probably secondary, there is no evidence of disorder of this organ. It is important not to draw too hasty a conclusion in regard to the existence or non-existence of Bright's disease from one observation of a case; for in many cases of the disease, there may be a complete disappearance for a time of the albumen from the urine. As then neither the heart nor the kidney appears to be much at fault, we must ascertain if the cause be in disorder of the liver.

You may remember that the swelling commenced in the feet; this is not usual in cases of dropsy resulting from disease of the liver: cardiac and renal dropsy are more apt to commence in the depending parts. A mere enlargement of the liver is not necessarily followed by dropsy, as can be easily shown by the absence of dropsy in the enlarged fatty livers so frequently met with. There are two conditions of the liver that most frequently produce ascites, viz: carcinoma and cirrhosis, especially the latter.

Dr. L. then explained the nature of cirrhosis, and showed how by the obstruction it afforded to the circulation of the blood brought to it from the chylipoietic viscera the vessels became congested, and relieved themselves by the transudation of their serum into the cavity of the peritoneum. If the quantity of liquid were but slight, it might be due to peritoneal inflammation, or if the patient were a female, there might be ovarian dropsy; but as neither of these is the case, I am disposed to refer it to the condition of the liver I have just spoken of. I am the more confirmed in this opinion from the appearance of the superficial veins of the abdomen, which you cannot fail to notice, are very prominent and filled with blood, showing that there is an obstruction to the free circulation of blood in the internal vessels. The mere fact, that the swelling began in the feet, does not conflict with this, as it may readily be explained by the attack of erysipelas, which preceded it. Besides this, swelling of the feet sooner claims the attention of the patient than a moderate dropsy of the abdomen. I believe it to be cirrhosis, as there is nothing in the appearance of the patient or the symptoms indicative of cancerous disease.

Cirrhosis is generally believed to be induced by

intemperate habits, but I am convinced that such is not always the case. The abdomen is so tense as to prevent us from feeling the edge of the liver, which under other circumstances we might perhaps detect, for though denied by some, I am sure the organ is sometimes enlarged in the early stage of cirrhosis.

Treatment.—Although the dropsy is not the disease, yet so great is the discomfort that arises from it that if we can remove the effusion we do much for the patient's ease. Considering the congested state of the kidneys if we use diuretics, we should give those of a cooling, saline character.

With this view, after the patient had been freely purged by the compound powder of Jalap, he was placed upon the use of the *Bi-tartrate of Potassa*, \mathfrak{z} ss. in Oj. of water daily, care being taken that the whole quantity not the mere supernatant liquid should be taken. The compound spirit of Juniper which he had used for a day or two was omitted as too stimulant for the congested condition of the kidney, as shown by the smoky urine and its appearance under the microscope.

You are all, no doubt, familiar with Bright's Disease of the Kidneys, that peculiar organic affection of the renal organs so frequently the antecedent of dropsy: this affection occurs under different forms, a fibroid, a fatty degeneration of the organ, (the varieties of Bright's disease most frequently met with in this house), and the other, an acute desquamative inflammation.

It has been suggested of late, that Bright's disease is the probable cause of puerperal convulsions: it is said that as the uterus enlarges it presses upon the renal veins, and hence congestion of the kidneys occurs, and that in consequence these organs do not eliminate the proper amount of urea: not that the urea *per se* causes the convulsions, but that it is changed in the circulation and the carbonate of ammonia formed, which is the direct cause of the convulsions.

While disposed to believe this in part, I must confess the rationale of the production of the kidney affection is not altogether satisfactory, and it seems strange that nature, who generally works so nicely, should out of a purely physiological act produce so serious a pathological condition.

Dropsy, under certain circumstances, by affording a means of escape for the retained excrementitious principles, may like hemorrhage from a congested organ, prove useful.

Typhoid Fever—Formerly brought before the class by Dr. Gerhard. The term typhoid has been often objected to as an improper one to apply to this fever, inasmuch as it very often does not assume the characteristics of typhus fever; but in the present instance the term is very appropriate.

This young woman upon entering the hospital had a dry tongue, a feeble, scarcely perceptible pulse, a dull dusky countenance, a tympanitic abdomen covered with sudamina, and lay in a state of almost complete stupor.

On entering, stimulants were freely administered: the amount of stimulants required to support her was very great; she took a wine-glass of milk-punch, (1 part brandy, 2 parts milk,) every hour; in addition essence of beef was prescribed, a grain of the sulph. of quinia every hour, and 10 drops of the oil of turpentine every three hours.

When I took charge, I diminished the quantity of quinia, and substituted carbonate of ammonia, gr. v. every two hours.

A few days ago this patient was threatened with pneumonia; this is very apt to occur, in the advanced stage of typhoid fever, and is a very dangerous complication.

In the treatment of the lung affection, the importance of attending to the position of the patient was forcibly illustrated; upon the same principle that hypostatic congestion of the lower limbs often occurs, on account of their dependent condition, so in typhus or typhoid fever, when there is an enfeebled circulation, the blood may gravitate to the most depending portion of the pulmonary tissue, and give rise to congestion of the part; for this condition change of position was directed, and stimulants, both external and internal, should be used.

Dr. L. then exhibited some pathological specimens taken from patients who had died of phthisis, a day or two after he had taken charge of the wards, and with whose previous history he was not familiar.—From the first the parts had been very nicely removed from the chest, and afforded a beautiful illustration, in the first place, of the effects of pleuritic inflammation. The one pleura was almost natural in appearance, smooth and translucent, but the other was thickened, opaque, and roughened, the consequence of the exudation of fibrin, and of the inflammatory alteration of the serous membrane. Upon examining such a specimen, the cause of the *friction sound* so characteristic of certain inflammations, is at once demonstrated; it is the result of the rubbing together of the pulmonary and costal pleuræ, roughened by such an irregular deposition of coagulable lymph upon the opposite surfaces. Upon pressing upon the lung, the organ feels hard, does not crepitate, and gives rise to the sensation of a foreign body in the tissue, which is actually the case, the tubercles being the foreign bodies. When the condensation of the lung is noticed, it is easy to explain the bronchial respiration, and bronchophony of pneumonia and phthisis. These abnormal sounds or natural sounds heard in abnormal directions, depend upon the closure of the air vesicles and the

interposition of a denser medium than ordinary lung tissue between the ear and the bronchial tubes, and in consequence sounds are conducted with greater facility through the chest.

The upper portion of one lung contains a very large cavity, filled with puruloid matter; the air in passing into such a liquid collection, gives rise to the sound of *gurgling*.

A large cavity in the lungs with firm walls, often gives rise, as was the case in this patient, to *metallic tinkling*, a morbid sound, in regard to the cause of which much difference of opinion exists; some ascribe it to the bursting of air bubbles; others to the falling of a drop of liquid from the walls of a cavity, and others again to the vibration of the body of air contained in the cavity.

Attention was also called to the liver, which had not undergone fatty degeneration. Dr. L. remarked that it not unfrequently happens in acute phthisis, that this peculiar condition of the liver is absent; in chronic cases of the disease it is very often present.

Post Mortem; Phthisis.—In the upper portion of the right lung there is a large irregular cavity, with others opening into it; to such a cavity the term *anfractuous* is applied. When such an anfractuous cavity exists, upon percussion a peculiar sound, to which the application of *cracked pot sound* has been given, is often heard; it no doubt depends upon the air being violently sent from one portion of the cavity to another, and out into the bronchi.

In opening the cavity, attention was called to the presence of a number of bands which traversed it in various directions; some of these contain a blood vessel, the tissues of which are much better able than pulmonary structure, to withstand the suppuration and breaking down incidental to the softening of tubercles; it can be easily comprehended how the sudden rupture of a band may give rise to great, even fatal hemorrhage.

There was also tuberculous ulceration of the larynx, and of the bowels. The laryngeal disease had almost deprived the patient of the use of speech. Attention was called to the ulcers in the bowels, that each ulcer pursued a direction, in the circumference of the bowels, parallel to the valvulæ conniventes, and did not implicate Peyer's glands. Exactly the reverse obtains in the ulceration of typhoid fever.

Service of Dr. Neill.

MAY 7TH, 1859.

Railway Injury.—(Vol. 2d. p. 120.) This was a boy whose foot was crushed by the wheel of a car. The case has progressed as favorably as could have been expected; the wound has filled up with healthy granulation, and the skin has assumed its normal characteristics.

Poultices were at first applied until the dead tissues had sloughed, and then covered with lint moistened with a solution of the sulphate of zinc, (grs. iv to f3j.)

Tumor of the Leg.—Thus far the case has progressed favorably; the leg, however, is very much swollen. The day after the operation there was great fever and restlessness, for which opiates were administered, and a towel soaked in warm water wrapped around the limb.

The patient is by no means out of danger.

Amputation of the Thigh, with Remarks upon the Operation of Bmputation.—I propose to-day to remove the limb of a colored woman of about 50 or 60 years of age. During many years the patient has suffered from an extensive ulceration upon the leg, which, after careful attendance, was at length healed. Subsequently there was a return of the disease in a different position, and at the present time the surface of the leg is one ulcer, with here and there sinuses, which communicate with the interior of the bone. It is a case of suppurating in the medullary canal. The knee joint is also swollen and infiltrated with lymph and pus.

The old woman has suffered much from hectic and pain, and unless the limb is removed, will soon perish.

Amputation is an easy operation, but one that requires the greatest care and consideration in regard to the propriety of its performance in each individual case.

In this house the average result of this operation is more favorable than elsewhere, but you must not think that all cases recover.

Amputation of the thigh may be performed in various ways. The principle that should guide you is to select the simplest and the safest mode of operation.

The operation for the removal of a limb may be divided into two kinds, the circular and the flap operation. In the former the incision is made from the circumference of the limb towards its centre, the skin being first circularly or elliptically cut, and then the muscles divided by a circular sweep of the knife. The flap operation, as now in vogue, is very much the reverse of the former. According to Liston's plan, the limb is transfixed, that is, the knife is thrust through the limb and made to cut the flaps from within outwards. The latter mode of operating is the most rapidly performed, as far as the incisions are concerned; but the subsequent steps are more laborious than in the former. In the flap operation the muscles, arteries, veins and nerves, are divided obliquely, and there is, in consequence, much greater difficulty experienced in ligating the vessels than when these parts are cut directly across.

The theoretical idea that the flap affords a muscular pad to the stump will be dissipated upon studying the changes that occur in the limb. It will be found that the muscles are absorbed, and fibrous tissues substituted. The great advantage of the circular method is the facility afforded in arresting the hemorrhage.

Dr. Neill described the instruments necessary for amputation; and dwelt especially upon the application of the tourniquet.

He used the instrument in general use—that of Petit—which consists essentially of a strap and buckle, an arrangement of two brass plates, which can be approximated or separated by means of a powerful screw, thereby tightening or loosening the strap, and a pad which is intended to compress the artery. Before applying the instrument a roller is passed firmly around the limb, at the place where it is intended to place the tourniquet in order to protect the skin and soft parts.

The pad should be adapted to the size and position of the artery. The plates need not be placed over the artery, but in the most convenient situation. After etherizing the patient, the operation was performed. It was a modification of the circular. Two flaps were cut out of the skin by a scalpel, and the remainder divided by a circular sweep of the amputating knife. Dressing: lint spread with cerate, charpie, and a roller.

Medical Societies.

TWELFTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

LOUISVILLE, Ky., MAY 3d, 1859,

The Association convened in Mozart Hall, at 11 o'clock, A. M., and was called to order by the President, Dr. HARVEY LINDSEY in the chair, supported by Vice Presidents Drs. W. L. SUTTON and T. O. EDWARDS. The other officers present were the Secretaries, Drs. A. J. SEMMES and S. M. BEMISS, and Treasurer Casper Wister.

The President introduced Rev. Stuart Robinson, of Louisville, who opened the proceedings with prayer.

The chair then declared the Association duly organized, and announced as first in order of business the report of the Committee of Arrangements.

Dr. R. J. BRECKINRIDGE, chairman of this committee, reported as follows:

Mr. President and Gentlemen of the Association:

It is my grateful office to greet you on this your Twelfth Anniversary, and tender you a hearty welcome to the city of Louisville. I do this, sir, in behalf of the physicians and citizens generally—

citizens, second to none in their intelligent appreciation of the honor and dignity of the profession, and the worthiness and usefulness of its members;—physicians, second to none in their devotion to the great work in which they are engaged.

We have watched, sir, with interest the formation and progress of this Association. We have noted, with equal gratification, the catholicity of its spirit, and the greatness of its designs. We have seen it, in its brief existence, gather into its fold thousands of members—members from every State of the Republic, and without possessing real legislative powers, exercise a most potent influence for good.

Formed for the advancement of science and art—for the gathering, interchange, and diffusion of knowledge—for the promotion of fellowship and harmony in the profession, by drawing closer and closer its members, it has *not* wholly failed in the accomplishment of its aims; and we trust for it a future yet more fruitful—harvests yet more abundant.

Feeling that "it is good for us to be here"—approving, thoroughly, cordially, the objects of the Association—and believing in its capacity for usefulness—we bid you God speed in your labors, while we heartily welcome you as honored guests, to our homes.

Dr. J. B. FLINT, chairman of a committee appointed by the State Medical Society of Kentucky to receive the American Medical Association, accompanied by Drs. W. L. Sutton, C. H. Spilman, W. S. Chipley, and W. C. Snead, came forward and addressed the Association in a few pertinent remarks of encouragement and welcome, which we regret that we have not space to copy.

The Secretary then called the roll.

The President now announced a recess of fifteen minutes to enable the various State delegations to choose their members for the committee on nominations.

Upon called to order the following members were reported as the nominating Committee:

New Hampshire, Dixie Crosby, Massachusetts, Solomon D. Townsend; Rhode Island, J. H. Eldridge; New York, D. M. Reese; New Jersey, A. N. Dougherty; Pennsylvania, B. K. Smith; Delaware, H. F. Askew; Maryland, G. W. Lawrence; District Columbia, Cornelius Boyle; Virginia, L. S. Joynes; North Carolina, Edward Warren, Jun.; South Carolina, J. M. Gaston; Georgia, John W. Jones; Alabama, J. B. Coons; Louisiana, S. O. Scruggs; Tennessee, E. B. Haskins; Kentucky, D. D. Thompson; Ohio, George Fries; Indiana, J. H. Brower; Michigan, William Brodie; Illinois, C. Goodbrake; Missouri, M. L. Linton; Iowa, D. L. McGugin; Wisconsin, C. B. Chapman; Army, Charles S. Tripler.

The President then appointed the following committee on voluntary essays: Drs. L. P. Yandell, of Kentucky, James Bryan, of Philadelphia, and C. G. Comegys, of Ohio.

Dr. R. J. BRECKINRIDGE, from the Committee of Arrangements, announced the hours of business

from 9 A. M. to 1 P. M., and from 3 P. M. until such hour as the Convention should adjourn upon resolution.

Dr. HARVEY LINDSLY, the president of the Association, then read his retiring address, which was listened to with marked attention, and was an eloquent tribute to the dignity of the medical profession and the importance of its improvements.

Dr. L. A. SMITH, of New Jersey, moved that the thanks of the Association be tendered to the President for his able and eloquent address, and it was ordered to be placed in the hands of the appropriate committee for publication, among the proceedings of the meeting.

Dr. CASPER WISTER, chairman of the Committee on Publication, read the annual report, and on motion of Dr. Sayre, of New York, the following resolutions appended to it were adopted:

Resolved, That hereafter every paper intended for publication in the Transactions must not only be placed in the hands of the Committee of Publication by the first of June, but it must also be so prepared as to require no material alteration or addition at the hands of the author.

Resolved, That authors of papers be required to return their proofs within two weeks after their reception, otherwise they will be passed over and omitted from the volume.

Adjourned until 3 o'clock, P. M.

AFTERNOON SESSION, 3, O'CLOCK.

Dr. W. L. SUTTON, one of the Vice Presidents, took the chair in the absence of the President.

Dr. D. MEREDITH REESE, of New York, chairman of the Committee on Nominations, reported the following officers for the ensuing year:

President—Henry Miller, of Kentucky.

Vice Presidents—H. F. Askew, Delaware; Chas. F. Tripler, U. S. Army; L. A. Smith, New Jersey; Calvin West, Indiana.

Treasurer—Casper Wister, Pennsylvania.

Secretary—S. M. Bemiss, Kentucky.

Dr. SAYRE moved the adoption of the report, which was unanimously agreed to.

Dr. Brainard, of Illinois, moved the appointment of a committee to conduct the newly appointed officers to their respective chairs. The acting President selected Drs. Brainard, of Illinois, Mattingly, of Kentucky, Sutton, of Indiana, McDowell, of Missouri, and R. J. Breckinridge, of Kentucky, and they accordingly performed the duties assigned to them.

The newly elected President, on taking the chair, addressed the Convention in substance as follows: *Gentlemen of the American Medical Association:*

I am wholly at a loss to command language to express the deep sense of obligation put upon me by calling me to the presidency of your Association. It is an honor any man may well be proud of, and although I admit, in all sincerity, that you might without difficulty have selected an individual more worthy

the position, I may be allowed to say you could not have conferred it upon one who would prize it more highly or cherish it longer with the most grateful recollection. I do esteem it the greatest honor ever conferred upon me by the profession that I love, and to which I have devoted a long life; nay, more, it is the greatest honor that could be conferred upon any man by the medical or any other profession in this or any other country; for any decoration of honor or any mark of approbation conferred by a crowned head I should regard as a bauble in comparison. Who are you, gentlemen, when rightly considered? You are the rightful representatives of the great American Medical Profession—an army forty thousand strong, and a body of men, no matter what captious criticism may say in disparaging comparison with the European branch of the profession, in my humble judgment, far superior to the same number of medical men to be found in any quarter of the globe. Although as a body you may not be so learned, so critically and nicely framed in all the minutiae of the profession, yet for strength, integrity, and precision in all the great principles guiding to a successful combat with disease, this body is equal if not superior to that of any kingdom of continental Europe.

To be called to the presidency of such a body of men, is, in my sober judgment, the greatest compliment that could be conferred on mortal man, provided that man is a devotee of medicine, who has given his whole mind, soul, heart, and strength individually to the profession, and has that high regard for it which will not suffer any less noble pursuit to interfere with the daily though laborious duties of the profession.

Coming, so recently, from a sick bed, and still enfeebled in health, I beg to be excused from further remarks, and desire you to accept this brief and imperfect acknowledgement of the distinguished honor conferred upon me, instead of what, under other circumstances, I might be disposed to say.

Dr. R. J. BRECKINRIDGE moved that the thanks of the Association be tendered to the retiring officers for the faithful and assiduous manner in which they have conducted the business committed to their charge; which was unanimously adopted.

Several names were now offered as candidates for membership by invitation, when

Dr. T. O. EDWARDS moved that no person be admitted as a member by invitation unless his good standing in the profession be vouched for by some member of the Association; which was adopted.

Dr. EVE moved a reconsideration of the motion by Dr. Edwards; which carried.

And upon motion of Dr. Edwards, all applications for membership by invitation were referred to the Committee of Arrangements and Credentials.

Dr. J. B. LINDSEY, of Tennessee, offered the following:

Resolved, That a committee of three be appointed by the chair to inquire into and report upon the propriety of dividing the Association into sections for the purpose of performing such parts of its

scientific labors as may relate to particular branches of medicine and surgery.

Dr. BRODIE moved its reference to the Nominating Committee.

Dr. BRAINARD explained at some length the object of the resolution of inquiry, and urged its adoption as the means of giving more effect and usefulness to the proceedings of the Association, the reports of which had heretofore gone out unmaturing, in consequence of the want of concentrated action.

A motion by Dr. SAYRE to lay the motion on the table was negatived, and the motion of Dr. Lindsay was then adopted.

The Chair appointed as the committee, Dr. Lindsay of Tennessee, Dr. Brainard of Illinois, Dr. G. C. Blackman of Ohio.

Dr. DAVIS moved that no person be permitted to speak more than twice on the same subject, or more than ten minutes at one time, except by consent of the Association; which was adopted.

The Committee on Prize Essays was called, but the chairman being temporarily absent, was postponed.

The Committee on Medical Education failed to report.

The Committee on Medical Literature failed to report.

A letter from Dr. J. G. F. Holston, of Ohio, chairman of the Special Committee on the Microscope, was read, reported progress, and begging a continuance for more extended investigation; which was referred to the Committee on nominations.

A letter from Dr. Stephen Smith, of New York, from the Special Committee on Medical Jurisprudence, had the same reference.

The Special Committee on Quarantine was not ready to report.

Dr. MATTINGLY, of Kentucky, from the Special Committee on Diseases and Mortality of Boarding Schools, asked a continuance until next year, in order to obtain further information requisite to the full investigation of the important subject. The request was referred to the Committee on Nominations.

The Special Committee on Surgical Operations for the relief of defective vision, on milk sickness, and on the blood corpuscle, had the same reference.

The following report from the Committee on Medical ethics was read, and such portion of it as related to the action of the Dubuque Medical Society in the case of an expelled member, was, on motion of Dr. T. O. EDWARDS, made the special order for 12 M. to-morrow.

To the American Medical Association:

The Committee on Medical Ethics beg leave to state that, of the subjects referred to them at the last meeting of the Association, they find the following notice in the minutes:

"Dr. Grant, of New Jersey, presented a complaint

made by the Newark Medical Society against the New York Medical College, for a violation of the ethics of the profession. Dr. Edwards, of Iowa, presented a similar complaint; and Dr. Oakley, of New Jersey, a complaint from the Union and Essex County Medical Society."—*Transactions, Vol. XI, p. 41.*

Upon these several complaints your committee beg leave most respectfully to report:

That the two complaints from the Medical Societies of New Jersey refer only to one and the same grievance, the particulars of which are set forth in a memorial which was presented to the American Medical Association on the 6th of May, 1858, and which is entitled, "Statement of the Newark Medical Association in reference to a Diploma granted by the New York Medical College."

The facts stated in the memorial which is now appended to this report, were, during the last annual meeting of the American Medical Association, examined as carefully as time and opportunity would allow. The charges therein contained against the New York Medical College were admitted to be true by Dr. Horace Green, President of said College, who, in apology for the same, submitted a written statement to your committee, which was at the time accepted as satisfactory by the gentlemen then present before your committee on behalf of the parties aggrieved; and being afterwards presented with a verbal report by the committee was received and entered upon the minutes in the following terms:

"Whereas, it appears from undoubted testimony that the New York Medical College have conferred the degree of Doctor of Medicine upon a notorious quack of the name of John F. Dunker, of Newark, the faculty, in the person of the President of said College, wish here to declare that the degree was obtained under gross deception and false testimonials furnished by said Dunker and his friends, and they therefore revoke and annul his diploma, and declare said Dunker to be unworthy of patronage or support from authority conferred upon him by this diploma."—*Transactions, Vol. XI, p. 49.*

These complaints being thus disposed of, your committee have only to add in reference to them that the memorial presented to the American Medical Association from the Newark Medical Association is worthy of special notice, as setting forth the negligent manner in which mere verbal and hearsay statements are at times accepted in place of authentic written testimonials, from individuals presenting themselves as candidates for the honors of our profession at some of the medical colleges of this country. In this respect there is reason to believe that the New York Medical College does not stand alone, and the publication of the accompanying memorial may be of service in putting a permanent check to this crying evil.

The only other complaint referred to your committee was that presented by Dr. Edwards, of Iowa, preferring a charge from the Dubuque Medical Society against one of her members, who had been expelled for an alleged infraction of the code of medical ethics. This complaint does not appear to be of such a character as to require adjudication here. It has, since the last annual meeting of the American Medical Association, been adjudged by the Iowa State Medical Society, [see transactions of the an-

nual meeting of said society, published at Dubuque, Iowa, 1858,] and having been then settled in the State in which the parties reside, it should now be dismissed.

All of which is respectfully submitted.

JOHN WATSON, M. D., Ch'n.

NEW YORK, April 28, 1859.

Continuances were asked by the Committees on the Pons Varolii, Medulla Oblongata and Spinal Marrow—their Pathology and Therapeutics; on American Medical Necrology; on the Hygienic relations of Air, Food, and Water, the Natural and Artificial causes of their impurity, and the best methods by which they can be made most effectually to contribute to the public health; on the Effect of the Virus of Rattlesnakes, &c., when introduced into the system of the Mammalia; on the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and Diseases Generally; on the Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases; on the Physiological Effects of the Hydro-Carbons; on Epilepsy; on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease; and on the best Substitute for Cinchona, and its Preparations in the Treatment of Intermitent Fever, &c.; all of which were referred to the Committees on Nominations.

The Special Committee on Government Meteorological Reports made a report, written by Dr. R. H. Coolidge, of the U. S. Army, but read by Dr. Paul F. Eve, of Tennessee; which was referred to the Committee on Publication.

The committee appointed in May, 1857, on Criminal Abortion, submitted a report written by Dr. Storer, of Boston, which was read by Dr. Blatchford, of New York, and referred to the Committee on Publication. The following resolutions appended to this report were unanimously adopted:

Resolved, That while physicians have long been united in condemning the act of producing abortion at every period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this association, in view of the prevalence and increasing frequency of the crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life.

Resolved, That in pursuance of the grand and noble calling that we profess—the saving of human lives—and of the sacred responsibilities thereby devolving upon us, the Association present this subject to the several Legislative Assemblies of the Union, with the prayer that the laws by which the crime of procuring abortion is attempted to be controlled may be revised, and that such other action may be taken in the premises as they in their wisdom may deem necessary.

Resolved, That the Association request the zealous co-operation of the various State Medical Societies in pressing the subject upon the Legislatures of their respective States, and that the President and

Secretaries of the Association are hereby authorized to carry out by memorial these resolutions.

The Convention then adjourned till to-morrow morning at 9 o'clock.

SECOND DAY.

Wednesday, May 4, 1859.

The President, DR. MILLER, called the Association to order at 9 o'clock.

DR. D. MEREDITH REESE, chairman of the Committee on Nominations, called attention to the fact that the committee could not act definitely until the place for next year's meeting should be designated. He stated, also, that the Medical State Society of Connecticut had requested that an amendment to the constitution, proposed two years since, should be taken from the table, relative to the time of meeting.

It was moved by DR. BLATCHFORD, and seconded by DR. SAYEE, that the amendment to the third article of the constitution be taken up, which proposes to add after the words "first Tuesday of May" the words "or first Tuesday of June," and after the words "shall be determined" add the words "with the time of meeting."

The amendment was adopted by a constitutional vote.

DR. D. M. REESE also stated that the Connecticut State Society had extended a pressing invitation to the Association to hold its next meeting at New Haven, which invitation was referred to the Committee on Nominations.

Dr. Reese also called attention to the necessity of some radical change in the mode of appointing committees to prepare treatises on scientific subjects to be reported at the annual meetings. It had been seen, that on yesterday, a large majority of the committees made no reports and did not even see proper to send in any communication explanatory of delay. The difficulty heretofore has originated in the mode of selection adopted by the nominating committee. It has been customary for gentlemen to hand in their names and the proposed subjects, on slips of paper, and the committee, without further investigation, have so published in the annual reports. Thus it has happened that appointments have been most injudiciously made, and gentlemen to whom a special duty has been assigned, have been found to know less of that than any other subject. We therefore hoped that no committee of last year would be re-appointed, or continued, from which no report had been had and no communication received.

On motion, the Nominating Committee was unanimously instructed to act upon the suggestions of the chairman, who also stated, that there should be some definite expression of disapprobation as to the course of these gentlemen who had volunteered essays, and had their names reported in the news-

papers and spread over the land, and then paid no attention to the matter.

DR. FLINT, from the Committee on Prize Essays, begged leave to report that they received four dissertations in time for a careful and thorough examination, and two others, quite voluminous, only two days before the meeting of the Association. The latter we have felt constrained to exclude altogether from the competition of the present year, on account of the absolute impossibility of reading them with a critical purpose and effect. The others have been carefully examined by all the surviving members of the committee—one estimable associate, Dr. Evans, having been called from all his earthly labors before the active duties of the committee began.

More than one of the four essays we examined, exhibited much labor, and a commendable scholarship in their preparation—are voluminous, and in some respects very meritorious papers; but in the unanimous judgment of the committee, neither of them possess the degree and species of merit which should entitle its author to the Association prize.

The committee beg leave furthermore to report, that in their opinion, and as the suggestion of their own recent experience the Association should determine, in more precise and formal manner than has yet been done, the terms and conditions of competition and of success in the contest for prizes, for the government alike of contestants and the committee of adjudication, and that a committee be now appointed to consider and report upon that subject.

DR. GORDON, chairman of Committee on Etiology and Pathology of Cholera, made a partial report, and asked continuance of time.

On motion, the report was accepted, and referred to Committee on Publication, and petition for continuance referred to Nominating Committee.

DR. J. B. LINDSEY, chairman of the committee appointed to inquire into the propriety of dividing the Association into sections, for the better performance of its work in considering the various branches of medicine and surgery, recommended the adoption of such a plan as being indispensably necessary to making this body a working scientific association. They do not deem it necessary to enter into any argument in favor of this plan, it being the one already universally adopted by similar bodies. They would simply recommend, for the present, a division into the following sections, as being most suitable to facilitate the transaction of business, viz: 1. Anatomy and Physiology; 2. Chemistry and Materia Medica; 3. Practical Medicine and Obstetrics; 4. Surgery.

The committee do not propose that this subdivision of labor shall in any manner interfere with the regular business of the Association as now con-

ducted; but only that after having assembled each day in general session, each section shall meet separately for the purpose of hearing and discussing papers on such subjects as properly belong to them, and they therefore recommend that the Committee of Arrangements for the ensuing year, be requested to provide suitable accommodations for the services of these sections, and that each of said sections shall be authorized to make such arrangements as may be required for the proper transaction of its business.

This report was considered and adopted, after a very able speech in its support, by Dr. Davis.

Dr. J. W. SINGLETON, of Ky., moved the suspension of the rules for the introduction of the following:

Resolved, That in the death of Dr. A. Evans, of Kentucky, the Association has lost one of its most manly and efficient members, and society a friend and benefactor.

The resolution was unanimously adopted.

Dr. W. L. SUTTON, under the resolution appointing a committee on registration of birth, marriages, &c., proposed a plan of general action, an abstract of which he read, on motion of Dr. Gibbs of South Carolina; and, on motion of Dr. L. P. Yandell, the subject was referred to a committee, to report during the present session.

Drs. W. L. Sutton, J. B. Lindsly, R. W. Gibbs, jr., James Bryan, Z. Pitcher, and G. C. Shattuck were appointed such committee.

A report from Dr. Thomas M. Logan, of California, on Medical Topography and Epidemics, was received, and referred to the Committee on Publication.

The chairman of the Committee on Voluntary Essays stated that he had received a paper on a case of extra uterine foetation, from Dr. Enos Hoyt, of Transylvania, Mass., and another on a case of accidental poisoning by strychna, from Dr. Douglas Bly, of Rochester, N. Y. He also presented a very voluminous paper, entitled "Observations on some of the changes of the Solids and Fluids in Malarial Fever, by Joseph Jones, Professor of Medical Chemistry in the Medical College of Georgia, at Augusta."

By request, Prof. Jones gave a verbal abstract of his paper, and an exposition of his theory, and on motion of D. W. Yandell the communication was referred to the Committee on Publication.

Dr. D. W. YANDELL announced that the following railroad companies had agreed to pass delegates to this convention over their roads at half price:—Pittsburg, Fort Wayne and Chicago; Pennsylvania Central; Jeffersonville; New Albany and Salem; Louisville and Nashville, and Cleveland and Pittsburg.

On motion, a vote of thanks was tendered to these companies for their liberality.

Dr. J. B. FLINT offered the following resolution:

WHEREAS, Our brethren of Great Britain are engaged in erecting a monument to the memory of John Hunter, whose invaluable services in behalf of Physiology and Surgery are recognized and honored, as well on this side of the Atlantic as in Europe; and whereas, this Association, as the representatives of American Medicine, would rejoice in some suitable manner to participate in so grateful a testimonial of gratitude and respect; therefore

Resolved, That a committee of three be appointed to consider in what manner this participation can best be effected, so as to be acceptable to our British brethren, and consistent with our own means and opportunities of action, with instructions to report at the next annual meeting.

The resolution was adopted, and Drs. Flint, Bowditch, and Shattuck appointed as the committee.

Dr. HARVEY LINDSLEY offered the following.

WHEREAS, Parliamentary rules of order are numerous, complicated, sometimes obscure, and often inapplicable to such a body as the American Medical Association, and whereas, from the nature of the pursuits of medical men, they cannot be familiar with these rules; therefore

Resolved, That a select committee of three members be appointed to prepare a system of rules for the government of this Association, as few in number, as concise, and as perspicuous as possible, to be reported at the next annual meeting.

This resolution was adopted, and Drs. H. Lindsley, C. G. Comegys, and T. W. Blatchford, appointed as a committee.

The paper of Dr. Bly, on Accidental Poisoning by Strychnine, was read by its author, and as individual cases are not reported in the Transactions (except as illustrations of principles) of the Association, thanks were returned for the communication, with a request that it be published in some medical journal.

The Nominating Committee made the following report:

The next annual meeting to take place at New Haven, on the first Tuesday of June, 1860. Dr. Eli Ives to be junior Secretary.

Committee of Arrangements—Drs. Chas. Hooker, Stephen G. Hubbard, and Benjamin Silliman, jr., with power to add to their numbers.

Committee on Prize Essays—Drs. Worthington Hooker, Conn.; G. C. Shattuck, Mass.; Usher Parsons, R. I.; P. A. Jewett, Conn.; and Jonathan Knight, Conn.

Committee on Publication—Drs. F. G. Smith and E. Wister, Philadelphia, Pa.; S. M. Bemiss, Louisville, Ky.; E. Ives, New Haven, Conn.; Hollingsworth and Hartshorne, Philadelphia, Pa.; and Askew, Wilmington, Del.

Committee on Medical Literature—Drs. Henry Campbell, Ga.; D. F. Wright, Tenn.; O. Wendell Holmes, Mass.; S. G. Armor, Ohio, and W. H. Byford, Ill.

Committee on Medical Education—Drs. D. M. Reese, N. Y.; W. K. Bowling, Tenn.; Chas. Fishback, Ind.; John Bell, Penn.; Z. Pitcher, Mich.

The following Special Committees were appointed:

On Morbus Coxarius, and Surgical Pathology of Articular Inflammation—Dr. Lewis A. Sayre, of New York.

On the Surgical Treatment of Strictures of the Urethra—Dr. James Bryan, of Philadelphia.

On Drainage and Sewerage of Large Cities, their Influence on Public Health—Dr. A. J. Semmes, D. C., chairman, Cornelius Boyle, and G. M. Dove.

On Puerperal Tetanus, its Statistics, Pathology, and Treatment—Dr. D. L. McGugin, of Keokuk, Iowa.

On Hospital Epidemics—Dr. R. K. Smith, of Philadelphia.

On Puerperal Fever—Dr. S. N. Green, of Stilesville, Ind.

On Anæmia and Chlorosis—Dr. H. P. Ayres, of Fort Wayne, Ind.

On Veratrum Viride—Dr. James B. McCaw, of Richmond, Va.

On Alcohol, its Therapeutical Effects—Dr. J. R. W. Dunbar, of Baltimore, Md.

On Meteorology—Dr. J. G. Westmoreland, Atlanta, Ga.

On Milk Sickness—Dr. Rob't Thompson, Columbus, Ohio.

On Manifestations of Disease of Nerve Centres—Dr. C. B. Chapman, Wisconsin.

On the Medical Topography of Iowa—Dr. T. O. Edwards, Iowa.

On Microscopic Observations on Cancer Cells—Dr. Geo. D. Norris, New Market, Alabama.

On the Philosophy of Practical Medicine—Dr. Jas. Graham, Cincinnati, Ohio.

On Some of the Peculiarities of the North Pacific, and their Relations to Climate—Dr. Wm. H. Doughty, Ga.

The following Special Committees were continued or altered:

On Microscope—John C. Dalton, jr., N. Y.; David Hutchinson, Ind.; A. R. Stout, Cal.; Calvin Ellis, Mass.; Christopher Johnston, Md.

On Diseases and Mortality of Boarding Schools—Dr. C. Mattingly, Ky.; and Dixie Crosby, N. H.

On the Various Surgical Operations for the Relief of Defective Vision—Drs. M. A. Pallen, Mo., T. J. Cogley, Ind., and W. Hunt, Penn.

On the Blood Corpuscle—Dr. A. Sager, Michigan.

On American Medical Necrology—Dr. C. C. Cox, Maryland.

On the Hygienic Relations of Air, Food, and Water, the Natural and Artificial Causes of their impurity, and the best methods by which they can be made most effectually to contribute to the Public Health—Dr. C. C. Cox, Maryland.

On the Effect of Virus of Rattlesnakes, &c., when introduced into the system of Mammalia—Dr. A. S. Payne, Virginia.

On the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and diseases generally—Dr. O. Harvey, California.

On the Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases—

Drs. W. H. McKee, of North Carolina, and C. F. Heywood, of New York.

On motion of Dr. Brodie, Dr. A. J. Semmes was requested to serve as Secretary pro tem. during the remainder of the session.

The Association took up the special order, being the report on Medical Ethics, to which had been referred the action of the Dubuque Medical Society, which, after debate, was laid over until 12 o'clock to-morrow.

On motion of Dr. H. F. Campbell, a section of meteorology, medical topography, and epidemic diseases, and of medical jurisprudence and hygiene was added to those already adopted by this Association.

The Association then proceeded to consider and act upon amendments to the Constitution proposed at the last annual meeting and laid over under the rules. The following amendment was adopted:

Resolved, That the Constitution of this Association be so amended as to provide, that no individual who shall be under sentence of expulsion or suspension from any State or Local Medical Society, of which he may have been a member, shall be received as a delegate to this body, or be allowed any of the privileges of a member, until he shall have been relieved from the said sentence by such State or Local Society.

The next amendment, lying over from last year, was the proposition of Dr. Kyle, of Ohio.

That the Constitution of the Association be so amended as to prohibit the admission as a delegate or the recognition as a member of any person who is not a graduate of some respectable medical college.

This amendment was rejected, but, on the question of reconsideration, a long and animated debate ensued. Without arriving at a vote, the Association adjourned for dinner.

The following gentlemen have been admitted to the Association as members by invitation:

Indiana—B. C. Bowman, N. D. Field, John S. Rowe, R. Curran, D. Wiley, J. A. Windle, A. V. Talbot, J. W. Davis.

Ohio—W. C. Hall, N. B. Davis.

Tennessee—J. M. Brannoch.

Kentucky—W. N. Gaither, S. B. Fields, W. S. Cain, J. A. Hodge, S. B. Merrifield, Joshua Gore, H. M. Berkeley.

Missouri—J. M. Allen.

Alabama—Dr. N. Bozeman, Dr. Turney.

New Hampshire—David Kay.

On motion adjourned until 3 P. M.

AFTERNOON SESSION.

The Association was called to order at 3 P. M., Dr. H. F. Askew in the Chair. The discussion on the amendment under consideration at the hour of adjournment was renewed.

Dr. Kincaid moved a further amendment to insert the word "hereafter" after "prohibiting."

The Chair ruled the amendment out of order at the present stage, or until the Association decides upon the question of reconsideration.

After a long discussion, Dr. Davis, of Ind. moved to lay the motion to reconsider on the table, which was carried, 97 yeas, nays not counted, so the amendment stands registered.

The next proposed amendment to the constitution was that suggested by the New Jersey Medical Society, asking for such changes as would establish a Board of Censors in every judicial district of the Supreme Court, who should examine and grant diplomas to all proper members of the Association.

This was temporarily laid on the table for Dr. Crosby to offer a report of the Medical Teachers' Convention which met on Monday last. He strongly recommended a committee from this body to confer with the Teachers' Committee, and felt great confidence that something beneficial to medical education would be the effect of such conference.

Dr. Comegys moved the appointment of a committee of five to confer with the Committee of Medical Teachers and report at the next annual meeting, provided that no Medical Teacher be selected on the part of this Association.

Dr. T. M. Blatchford, of New York, offered as a substitute the following preamble and resolution:

WHEREAS, of all the subjects which can engage our attention in our associate capacity, that of Medical Education is paramount; and WHEREAS, harmony of action is essential to success in establishing definite qualifications entitling to admission in our ranks; and WHEREAS, nothing can be gained by hasty action in a matter so vital to our very existence, as a permanent Medical Institution. Therefore,

Resolved, That further action be suspended for the present upon the subject of the resolutions offered at the last meeting of the Association, by the Chairman of the special committee on medical education, and that a committee, consisting of S. W. Butler, of Pennsylvania, L. A. Smith, of New Jersey, Dixie Crosby, of New Hampshire, C. A. Pope, of Mo., and T. Buckler, of Maryland, shall be appointed to confer with the Committee appointed at the meeting of Medical Teachers, to report some plan for action at the next meeting of the Association.

This amendment was lost, and the original resolution adopted.

The resolutions from the New Jersey Medical Society were then taken from the table and referred to the Committee of Conference.

Dr. Davis offered a resolution instructing the same Committee to confer with the State Medical Societies for the purpose of procuring more decisive and uniform action throughout the profession in carrying into effect the standard of preliminary education adopted by this Association at its organization in 1847. This was carried.

Dr. Gibbes, from the Committee to examine into a plan of uniform registration of Births, Marriages, and Deaths, offered the following report:

They have given the same a careful consideration, and they unanimously recommend that the report be adopted and referred to the Committee on Publication.

They also recommend that the same Committee be continued, with instructions to add to the Report in time for publication in the ensuing volume of Transactions a form of registration law which may be likely to answer the requirements of the several States.

Dr. SAYRE, of New York, offered the following:

WHEREAS, The Medical profession at large have an interest in the character and qualifications of those who are to be admitted as their associates in the profession; therefore,

Resolved, That each State Medical Society be requested to appoint annually two delegates for each college in that State, whose duty it shall be to attend the examination of all candidates for graduation; and that the colleges be requested to permit such delegates to participate in the examination and vote on the qualifications of all such candidates.

This was, on motion, referred to the Committee of Conference.

The paper of Dr. Jones, presented at the morning session, was taken from the Committee on Publication and referred to the Committee on Prize Essays.

Dr. EVE moved to record the name of Dr. Benj. W. Dudley as a permanent member, which was adopted by an unanimous vote, the delegates all rising to their feet in token of respect.

Adjourned till to-morrow morning, at 9 o'clock.

THIRD DAY.

Thursday, May 9, 1859.

The President called the Association to order at 9 o'clock, and the reading of the minutes of yesterday was dispensed with.

The first business in order was an amendment to the Constitution, laid over from last year, and proposed by Dr. T. L. Mason, of New York, to insert in the first line of the second paragraph of Article 2, after the words "shall receive the appointment from," the words "any medical society permanently organized in accordance with the laws regulating the practice of physic and surgery in the State in which they are situated, and consisting of physicians and surgeons regularly authorized to practice their profession."

Also, to add to the sixth paragraph of the same article the words, "but each permanent member of the first class designated in this plan of organization shall be entitled to a seat in the Association on his presenting to this body a certificate of his good standing, signed by the Secretary of the Society to

which he may belong at the time of each annual meeting of this body."

Dr. LYNDON A. SMITH, of New Jersey, said amendments to the Constitution should be adopted with care, and though, perhaps, that now proposed might be desirable, still as Dr. Mason, who had proposed it, was not present to explain his views, he moved that the subject be laid over until next year. This suggestion was adopted.

Another constitutional amendment, proposed by Dr. Henry Hartshorne, of Pennsylvania, and laid over from last year under the rules, provides to add to the second article the words, "No one expelled from this Association shall at any time thereafter be received as a delegate or member, unless by a three-fourths vote of the members present at the meeting to which he is sent, or at which he is proposed."

This amendment was adopted.

Another amendment proposed by J. BERRIEN LINDSLEY, of Tennessee, was called up, to omit in article 2 the words, "medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions in good standing in the United States;" and also to omit the words, "The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

This was laid on the table until the next annual meeting.

An invitation was received from Mons. Groux, requesting the delegates to meet him at the Hall of the University at noon to-day, to witness experiments on his congenital fissure of the sternum, which was deferred until 4 o'clock this afternoon, as the Association had previously accepted the hospitality of Mr. and Mrs. Robert J. Ward at the former hour.

Dr. McDermott submitted the following resolutions:

Whereas, a vast proportion of the disease and misery that afflict our race is caused by the excessive use of intoxicating liquors, and whereas, in the opinion of this Association, the evils of intoxication can be most effectually remedied by the establishment of Inebriate Asylums, wherein the victims of intemperance may be subjected to such restraints and treatment as shall effect a thorough reformation of their habits; therefore,

Resolved, That this Association recommend the establishment of Inebriate Asylums in the various States of the Union.

Resolved, That the State and County Medical Societies and all members of the medical profession be requested to unite in diffusing among the people a better knowledge and appreciation of the beneficent purposes and important benefit that would be

conferred upon society by the establishment of such Asylums throughout the various sections of the country.

This resolution was referred to the mover as a special committee, with a request that he would report thereon at the next meeting of the Association.

Dr. SHATTUCK offered the following, which was adopted:

Resolved, That the committee appointed in May, 1857, on Criminal Abortion, be requested to continue their labors, and especially to take all measures necessary to carry into effect the resolutions reported by them on the first day of the meeting.

Dr. YANDELL, from the Committee on Voluntary Essays, made a further report, that a communication had been received from Dr. Sanger, of Iowa, on Subcutaneous Injections as remedials; which, on motion, the author read.

The essay was referred to the writer as a special committee, with the request that he would report further at the next annual meeting of the Association, and continue his investigations.

Invitations to visit the Insane Asylum and the Library and Museum of Transylvania University, were received.

The President appointed as the Committee of Conference to meet the committee from the Teachers' Convention, the following gentlemen:

Drs. Blatchford, Troy, N. Y.; Condie, Philadelphia, Pa.; Bozeman, Montgomery, Ala.; Brodie, Detroit, Mich.; and Sneed, Frankfort, Ky.

Dr. D. MEREDITH REESE, from the Nominating Committee, made the following final report;

Special Committees continued.

On Quarantine—Drs. D. D. Clark, Pa.; Snow, R. I.; Jewell, Pa.; Fenner, La.; and Houck, Md.

On Medical Ethics—Drs. Schuck, Pa.; Murphy, O.; Linton, Mo.; Powell, Ga.; Eve, Tenn.

On Tracheotomy in Membranous Croup—Dr. A. N. Dougherty, N. J.

The Effects of the Perineal Operations for Urinary Calculi upon Procreation in the Male—Dr. J. S. White, Memphis, Tenn.

On Mercurial Fumigation in Syphilis—Dr. D. W. Yandell, Louisville, Ky.

On the Improvements in the Science and Art of Surgery, made during the last half century—Dr. Jos. McDowell, St. Louis, Mo.

On the Cause and Increase of Crime and its Mode of Punishment—Dr. W. C. Sneed, Frankfort, Kentucky.

On the Education of Imbecile and Idiotic Children—Dr. H. P. Ayres, Fort Wayne, Ind.

On the Uses and Abuses of the Speculum Uteri—Dr. C. H. Spillman, of Kentucky.

On the Topography of Vermont—Dr. Perkins, of Vermont.

On the Pons Varolii, etc.—Drs. S. B. Richardson, of Kentucky, and Fishback, of Indiana.

On the Physiological Effects of the Hydro Carbons—Dr. F. W. White, of Illinois.

Editorial.

THE SEA SHORE.

As the season is rapidly approaching when large numbers of individuals seek some point where they may spend a few weeks either for recreation or the restoration of health, a word on this subject may not be altogether out of place. Every physician throughout the City and State is frequently called upon to advise in relation to this matter, and his opinion (as it should,) generally determines the selection.

The influence of salt air, and salt bathing as a powerful recuperative agency need not be enlarged upon, writing as we do for medical men, who fully comprehend their value. The time consumed, and the fatigue of travel in reaching the sea-side, has long operated in preventing very many from gratifying their wishes in this direction. To those whose time and means are ample, the place, so as it possesses the necessary arrangements for comfort is not very important, yet with the greatest number the accessibility of a locality will exercise no small determining influence. The construction of a railroad from Philadelphia to Atlantic city has brought the ocean within a ride of two and a half hours, with two or three communications daily.

This place possesses everything to attract visitors either in search of pleasure, or health; such as the most ample accommodations in the way of public houses under well directed management, cottages for those desiring more complete privacy, churches of different denominations, a safe and excellent shore for bathing, an air remarkable for its dryness, pleasure yachts for sailing, and to such as regard the manly sport of fishing and hunting, the waters and the meadows are alive with fish, snipe, and a great variety of game. The railroad constructed to this place is under the direction and efficient management of Mr. John Broadhead, a gentleman whose magnanimous generosity toward our profession is worthy of all commendation, having tendered gratuitously the accommodations of the road to and from Atlantic city to all the members of the State

The paper from Dr. Ellis, of Massachusetts, on the subject, "Does the Microscope enable us to make a positive diagnosis of cancer, and what, if any, are the sources of error?" was referred to the Special Committee on the Microscope, of which Dr. Dalton is chairman.

On motion the report was adopted as a whole.

Honorary resolutions were passed to the memory of the following members of the Association, deceased:

Dr. W. M. Boling, of Alabama; Dr. Thomas D. Mütter, of Pennsylvania; Dr. P. C. Gaillard, of South Carolina; Dr. Jabez G. Goble, of New Jersey; Dr. John K. Mitchell, of Pennsylvania.

Dr. R. K. Smith, of Philadelphia, submitted the following:

Resolved, That the death of Dr. John K. Mitchell, one of the members of this Association, has been to this body a loss keenly felt by every man who knew him. His eminence as a teacher, his varied acquirements in every department of learning, and his generous social qualities in every relation, endeared him to every member of the profession who had the pleasure of his personal acquaintance.

Resolved, That the family be notified of the action of this Association.

Other more formal resolutions were offered, and feeling eulogies pronounced.

Dr. SAYRE offered the following, which were adopted by acclamation:

Resolved, That the thanks of the American Medical Association are eminently due and are hereby presented to the citizens of Louisville, Ky., for the princely hospitality publicly and privately extended to the members of this body during its present session.

Resolved, That to the Committee of Arrangements, and the Profession of Louisville generally, our thanks are due for their kind and assiduous attention to the Association, and for the hearty welcome with which they have greeted our Convention in their flourishing city.

After the transaction of some other unimportant routine business,

On motion of Dr. Davis, the Association adjourned to meet at New Haven on the first Tuesday in June, 1860.

The registration book during the day announced the names of Drs. D. G. Thomas, of New York, William S. Cain, of Kentucky, and Peter Allen, R. K. McMeans, and W. R. Kable, of Ohio,—making 305 members in attendance during the session of the Association.

—o—

Every man should be held as criminal who locks up his talent, whatever it may be. Mine, from nature, was small, but by application and perseverance, it has grown to be considerable.—*William Hunter.*

Medical Convention about to convene in this city. This is in such striking contrast with the narrow policy which characterizes railroad companies generally that it should not go without a public recognition. For ourselves we feel that in consideration of the relation which the profession sustains to the community, its members when in the performance of professional or official service, should be relieved of personal expense attending public travel everywhere.

THE AMERICAN MEDICAL ASSOCIATION.

An apology is due to our readers for the late appearance of the minutes of the recent meeting of the American Medical Association. Having in April applied by letter to the Secretary to favor us with an early copy of the minutes, and having received the assurance that one would be forwarded, we supposed that we had done all that was necessary to secure it. Still, by way of making assurance doubly sure, we requested one of our collaborators, who went from this city, to be prepared to get a full report of the proceedings, which he would have done had he not been assured by the secretary and reporter that it would be unnecessary, as a full report would reach us as soon as he could get one to us. We do not believe that the report was withheld intentionally by the Secretary; it must have been sent and lost through the negligence or carelessness of the Post Office Department.

For the report which appears this week we are indebted to our regular exchange copy of the *Louisville Medical News* of May 15th, which somehow did not reach us until the 28th of that month.

The meeting of the Association seems to have been one of interest and importance. There was a very fair attendance of the profession of the Western States, and two or three of the Southern, though but a small delegation from the Atlantic States. We are sorry, too,

to see that there were few representatives from the extreme south-west, there being, we believe, but two delegates from Mississippi, Louisiana, Arkansas, and Texas. We hope that ere long all our States will become interested in these annual gatherings of the profession of the country.

Two or three important amendments to the constitution were adopted, which, we think, will react favorably on the Association. One was dividing that body into sections, thereby systematizing and facilitating the business, and preventing too much of the time of the Association being taken up with ethical questions and routine business. Another was, requiring that delegates be in good standing with medical associations at home; otherwise they are not to be received. The proposition from the Medical Society of New Jersey to establish Examining Boards in connection with the Association, we are glad to see was referred to a committee to report at the next meeting. This matter is of sufficient importance to demand deliberate action. We trust that the committees of conference on the part of the Association and of the Convention of medical teachers, will be able to come to some definite conclusion which will be of advantage to the profession. We commend to their favorable notice the proposition to establish Boards of Censors.

It will be seen that the next meeting was appointed to be held in New Haven. This step seems somewhat singular, in view of the fact that Connecticut was not represented in the Nominating Committee, and consequently not in the Convention. We suppose the appointment must have been made out of compliment to him who has been twice President of the Association. If we mistake not, however, the news came upon the profession of New Haven like a thunder-bolt. The question arises—What will be done with the delegates? For it so happens, we believe, that the State Legislature will be in session in New Haven by turn at the time the Association is appointed to

meet there. The public houses will therefore be full, and it may be difficult to procure accommodations. But Yankees are proverbial for their ingenuity, and we do not doubt but something worthy of the profession of Connecticut will be done. We would suggest that they provide for the delegates as those are provided for who attend the meetings of our large religious bodies—the American Board of Commissioners for Foreign Missions, for instance—by parceling them out into private families. We feel assured that there would be no difficulty in disposing of the delegates in this way, and it might introduce a feature into the meetings of the Association which would be a very pleasant one. Certainly it would be a much more rational way of entertaining the delegates than the present mode of burdening the profession of the place where the meeting is held with the expense of dinners, suppers, excursions, etc., etc. Let New Haven set an example in this respect.

GRATUITOUS MEDICAL SERVICES.

The Medical Profession is the only class from which the public think they have a right to claim gratuitous services. The profession have so long tacitly acknowledged and submitted to the claim, that such services, no matter how efficient, or how arduous, are not ordinarily received as charity, and are frequently demanded as a right. It is not an unfrequent occurrence for the faithful medical servant of a public charity, to be impudently ordered or threatened, unless he conforms to the caprices of the ignorant or vicious who receive his unpaid services.

But, perhaps the abuses of the system of gratuitous medical services are due more to the cheapening influence of competition for practice, than to excessive charity. The profession itself is, therefore, for the most part responsible for it, and it seems to us that the remedy for the evil lies, in this country at least, wholly with it.

The abuses alluded to have recently been

the subject of frequent comment in the English medical journals, which it seems has not been without good effect, and a non-medical board, the Managers of the Nottingham Dispensary, has initiated the principle of payment of Dispensary Physicians for their services.

We have no desire to degrade medical services to the position of a marketable commodity, only to be bought, for even a worthy object, at the market price, but believe that its lavish and undeserved bestowal tends to make the community undervalue it, and to degrade the profession before them.

On the subject of "salaries for hospital surgeons," alluding to the scriptural argument, that the laborer is worthy of his hire, and the inference that therefore no man should serve his fellow creatures unless it be for hire, the *Lancet* offers the following dignified sentiments :

"The gratuitous services rendered by physicians and surgeons of all times and conditions, in all countries and among all nations, to the poor that gather into the public asylums of disease, have always constituted the brightest glory of the profession. We should be loth to resign that claim upon the sympathy, the respect, and the affection of mankind, which these holy labors have given, and which surround our vocation with an atmosphere of high and venerated influence; which it shares only with the church—its rival in works of love and charity. We could not see without regret, all the medical offices at our public hospitals converted into paid appointments. We are persuaded that this is far other than sentimentalism, it is even wisdom, in the sense of the worldly-wise."

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Committee of Arrangement and Reception will be in attendance in the lower room of the Department of Arts of the University of Pennsylvania, on Tuesday afternoon the 7th of June, from 4 to 6 o'clock, and on Wednesday morning, the day of the meeting, from 9 until 11 o'clock, at which times the delegates are requested to present their credentials, as soon after their arrival in the city as may be convenient, register their names, and receive their cards of membership.

A WORD ABOUT OUR TERMS.

We are frequently solicited by physicians in different parts of the country who are desirous of subscribing to the REPORTER, to waive our terms of payment in advance, for a specified length of time. Now, with every disposition to accommodate, we are compelled to say that we cannot do this. In order to give the profession a *good* weekly journal at a *low* price, we have adopted the *only* principle on which it can be done, viz: cash dealings with every one, and as we expect to pay our bills in cash, we must receive cash from subscribers.

For the present, those who desire to do so, can send one dollar (in gold or postage stamps where paper is not current,) which will secure the REPORTER for four months. After next fall however, the commencement of our third volume, we shall only receive yearly or half-yearly subscriptions. In this connection we would say that while we have been receiving money (some of which has been strongly suggestive of quarantine,) from every section of the Union, and at the rate of from ten to fifty new subscriptions a week, so careful have our correspondents been in making their remittances, that in only a single instance have we received money that was not good, and that was promptly replaced. A few subscriptions have been lost through the mails, but in almost every instance of that kind the subscriber has voluntarily assumed the loss. This is an evidence of appreciation that is as gratifying as it is encouraging to us.

Medical News.

The College of Physicians of Edinburgh has attempted an important movement toward doing away the professional distinctions which, without any scientific basis for such Brahmin-like castes, now exist in Great Britain. The *Lancet* says:—"The College desires to establish an order of Licentiates, and looks out into the medical world to see from what class it can best be constituted. It finds in Scotland a class of practitioners who are employed mainly in the border-land between consulting and general practice. They neither supply drugs, nor are in any way connected with pharmacy. They are not wholly pure from a taint of surgery and midwifery. From amongst them have arisen celebrated consult-

ants. They are numerous, intelligent, and educated.

It is to these men that the College propose to offer its license, and thus to impress them with the stamp of physician, provided that they shall have passed through the ordeal of a satisfactory scrutiny of the Council, and secured the votes of two-thirds of the Fellows in attendance. * * * * *

* * * The College of Physicians of Edinburgh, by this act, formally abdicates the position of a college of consultants; it declares that with the present organization of the medical profession, such a body cannot exist in Scotland; it announces its intention so to interpret its duties of scrutiny and voting during the ensuing year of grace, that no candidate shall be admitted who shall not deserve to be enrolled as a licentiate of any College of Physicians; and it calls upon the London College to consider, in its turn, whether it may not be found to the interest of medical progress to attach to the College, through the medium of its license, that large class of English practitioners which consists of men differing very little from physicians in the simple and literal interpretation of the word. * * * * *

This is the first of that gradual series of changes by which an assimilation of professional qualification, and an unity of medical organization, may in progress of time be successfully reached."

Crinoline.—This much abused article of female attire has some redeeming qualities. Besides when modestly worn, giving elegance to the form, comfort to the wearer, and relief from weight at the loins, it sometimes saves life. Thus we notice that recently a little daughter of Dr. Dilworth, in Osnaburg, Ohio, while playing with her companions, fell into a well, and was buoyed up by a crinoline that she wore, until some one came to her rescue. In East Machias, Maine, Alice Palmer, a servant girl, undertook to commit suicide by drowning, but her expansive crinoline refusing to agree to the terms of exit from life, she floated on the surface of the water until the ardor of the wearer was cooled, and she was saved. A little crinoline is a very good thing *away from the fire*. It should be dispensed with in the kitchen, where it is both needless and dangerous.

The English soldier, on duty, consumes one pound of meat daily, while the French or Sardinian is allowed but half a pound.

The *Pacific Med. and Sur. Jour.* says that Mr. J. Z. De Vesey, author of the first experiments with Bibron's antidote for the poison of the rattlesnake, took his departure for the scientific exploration of Lower California, on the 21st of March. He will remain in the vicinity of Cape St. Lucas for about one year.

Diphtheria is prevailing as an epidemic in the town of Dutch Flat, in Placer county, California, and is the second invasion of the disease since the year 1855. The town is situated in a remarkably healthy locality, exempt from ordinary morbid influences. It is four thousand feet above tide level, surrounded with fragrant pine forests, has a cool, bracing atmosphere, and it is difficult to associate with it anything connected with the etiology of diphtheria.

Arsenic for Sheep Dipping.—We recently alluded to a trial in England, resulting in a verdict of seven thousand five hundred dollars, awarded to the plaintiff for the loss of a flock of eight hundred and fifty sheep, five horses, an ox, and other animals, which were poisoned by eating the grass in a field on which had dripped from the fleeces, an arsenical solution.

The arsenic had been used in a bath for "dipping" the sheep, to rid them of parasitic animals, which is a common practice among sheep raisers. The defendant, a chemist who prepared an ordinary mixture for dipping, acknowledged that the animals were poisoned by arsenic, but not through cutaneous absorption from the dipping; but from the careless and hasty manner in which it was performed, not pressing the solution afterwards from the wool, and as they were immediately sent to graze, it dripped on the grass, of which they ate, and died, as did other animals in the same field which had not been dipped.

In the mixture used there were three hundred ounces of arsenic, yet there was in the chemist's directions for its use insufficient caution, and nothing implying the presence of this violent poison. The verdict is generally believed to have been a just one, but has been appealed from.

The *Lancet* says:—"M. Velpeau's alternate patronage and persecution of Vries, the black doctor, have worked him good results. It is said that a society is organizing for the purpose of purchasing the quack's nostrum, and of furthering its adoption by the public.

The *Scotsman* says:—"Sir Andrew Smith, late Director of the Army Medical Department, not forgetful of the days passed by him when a student in the University of Edinburgh, and still animated by a love for his old Alma Mater, has presented to the Natural History Museum his magnificent collection of *reptilia*. It embraces nearly two thousand specimens obtained from all parts of the world, and among them are many of great rarity and beauty. Its accumulation has been the labor of a long life, directed by a thorough scientific knowledge, and our city has thus become the fortunate possessor of a collection which, next to the reptilia of the British Museum, is perhaps the finest in the world.

William and John Hunter.—In an account of William Hunter, in the *Lancet*, occurs the following comparison of these brothers:—"On the continent, we believe the name of William Hunter stands in estimation before that of John. In this country, if a Hunter is named, everybody is meant. Some men here, however, have been bold enough to take the continental view. In the pages of this journal, last year, Dr. Priestly, in his able lectures on the gravid uterus, ventured the idea that on looking into the labors of William Hunter, one is tempted to think that for profundity of observation and true sagacity, he was in no respect the inferior.

There must, nevertheless, be a cause for the popularity of John in this country—and a cause there is—but the cause lies not in correct public estimation of the scientific works of the two brothers.

* * * * * But if by these presents we can induce our readers to peruse carefully the lives and works of the two Hunters, and to draw their conclusions on the ground of scientific merits alone, the statement underneath will receive, we predict, a universal sanction:

The brothers Hunter were twins in Science, but William was the first-born.

M. Baudens, in his account of the campaign in the East, asserts that although chloroform had been employed thirty thousand times in the French army there, no fatal accident had resulted from its use. Dr. Riget, of the Chasseurs, denies this. Two deaths occurred under his own observation; one at the Hospital Kamitchifflick, and another at Gulhane. This denial clearly takes away all value from M. Baudens' statement.—*Lancet*.

The funeral of Humboldt took place at Berlin on the 10th inst. The funeral procession comprised all that represented art, science and intelligence in the Prussian capital. Six horses from the royal stable drew the coffin, and three chamberlains preceded the funeral car. Students walked on each side, bearing green palms, and the coffin, made of oak, was plain and uncovered, but adorned with flowers and laurels. The Prince Regent, with the Prince and Princesses, assembled at the Cathedral.

The mortality of British troops in India has induced a sanitary investigation into the location of the barracks. It is proposed to place them on the mountains, or on the higher ground above the plains.

Baron Larrey is Surgeon-in-chief of the army of Italy.

At a meeting of the Board of Managers of the St. Joseph's Hospital, in this city, held on Monday, the 18th inst., for the purpose of appointing an obstetric physician to that institution, in place of the late Dr. McNeil, John Flynn, M. D., and M. R. C. S. L., was elected to fill that situation.

The following is an extract of a letter, dated Como, April 15th: "The son of our townsman, Volta, (one of the scientific glories of Italy,) is a beggar in our streets, his furniture at auction, his father's voltaic apparatus under the hammer, and the municipality reduced by war contributions, powerless to avert this disgrace. The Austrian authorities know nothing and care less about electricity or genius."

Prof. Agassiz, of Boston, expects to pass the summer in Europe.

TO CORRESPONDENTS.—We have articles on hand from Drs. Ziegler (on Tuberculosis), Bolling (Hardy's Lectures), Elsberg (Translations), a report from the Northern Medical Association, etc., etc., all which will appear soon.

Notices of several new books and other publications, are necessarily deferred.

Dr. C., Ulster county, N. Y.—The granulations when they skin over, no doubt will sufficiently repair the gap caused by the slough of the scrotum. If a plastic operation is contemplated, the flap

should be taken from the inner side of the thigh, or lower part of the abdominal parietes. The substitution proposed cannot be made.

Dr. S., Scott county, Illinois.—Fractures at the upper third of the femur are more liable to displacement than at other portions of the bone, in consequence of the influence of the anterior pelvic muscles on the upper fragment. Where the fracture is oblique, there is, no doubt, in most cases an appreciable degree of shortening, and if not more than an inch the cure is a good one.

The practice of applying temporary dressings for a few days, and then making a more accurate and complete one subsequently, is bad. The sooner the parts are adjusted, and the permanent dressings applied the better.

W. S., Columbus, Miss.—In the case you describe, in which the nasal bones are congenitally deficient, it will be impossible to permanently elevate the integument, so as to retain the proper shape of a nose. The nostrils may best be dilated to almost any extent, so as to facilitate respiration and articulation, by means of compressed sponge, used in the form of tent. On the preparation of this article see *Periscope* in next number of this journal.

Your suggestion of using metallic tubes for the purpose would not be very efficient. A variety of sizes would be required, they would be very difficult to retain in their places, and would be intolerable to the patient. Try the sponge, and report progress.

MARRIAGES.

CLARKE—CORSON.—On Wednesday, 25th inst., at the residence of John Johnston, by Rev. Thomas S. Malcom, Isaac J. Clarke, M. D., of Bridesburg, to Annabella T. Corson, of Philadelphia.

BENNER—LATIMER.—On the morning of the 26th May, by the Rev. Richard Newton, D. D., Dr. Henry D. Benner to Henrietta, eldest daughter of Thomas Latimer, Esq., all of this city.

WALTON—HASSON.—On Tuesday, May 24th, 1859, at St. Paul's Church, by Rev. P. F. Sheridan, Richard Walton, M. D., of this city, to Miss Anne Hasson, formerly of Londonderry, Ireland.

SMITH—McCUNE.—May 10th, by Rev. D. X. Junkin, D. D., Geo. W. Smith, M. D., to Miss Lizzie, daughter of S. B. McCune, Esq., all of Frankstown, Blair county, Pa.

WALLACE—NEWTON.—On the 26th of May, by Rev. Mr. Beatty, Dr. R. S. Wallace, of Brady's Bend, Armstrong county, Pa., to Miss Addie Newton, of Black Fox, Clarion county, Pa.

ADVERTISEMENTS

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S. W. BUTLER, M. D., } Editors.
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